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TRANSACTIONS

—OF THE—

TWENTY-FIFTH ANNUAL SESSION

—OF THE—

Homœopathic Medical Society

—OF THE—

State of Michigan,

—HELD AT—

Battle Creek, May 15 and 16, 1894.

EDITED BY THE GENERAL SECRETARY.

BAY CITY, MICH.:
C. & J. GREGORY CO., PRINTERS.
1894.

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OFFICERS OF THE SOCIETY.

1893-94.

President, ... J. C. NOTTINGHAM, M. D., Bay City.

Vice-Presidents, . . G. A. ROBERTSON, M. D., Battle Creek.

. . . FRANCES S. HILLYER, M. D., Gd. Rapids.

General Secretary, . R. S. COPELAND, M. D., Bay City.

Cor. Secretary, . . . W. M. BAILEY, M. D., Detroit.

Treasurer, ... H. M. WARREN, M. D., Jonesville.

Necrologist, ... J. S. AYRES, M. D., Kalamazoo.

BOARD OF CENSORS.

W. H. Mills, M. D. J. J. Defendorf, M. D.

Oscar LeSeure, M. D. E. D. Brooks, M. D.

BOARD OF CONTROL.

O. R. Long, M. D. D. M. Nottingham, M. D.

C. S. Morley, M. D. H. C. Brigham, M. D.

Phil Porter, M. D.

JUDICIARY COMMITTEE.

F. E. Palmer, M. D. H. M. Warren, M. D.

J. N. Reynolds, M. D. J. J. Defendorf, M. D.

S. G. Milner, M. D.

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OFFICERS OF THE SOCIETY.

1894-95.

President, ... Oscar LeSeure, M. D., Detroit.
First Vice-President, . D. A. MacLachlan, M. D., Ann Arbor.
Second Vice-President,. N. B. Sherman, M. D., Kalamazoo.
General Secretary, . . R. S. Copeland, M. D., Bay City.
Cor. Secretary, . . . W. M. Bailey, M. D,, Detroit.
Treasurer, ... C. S. Mack, M. D., Ann Arbor.
Necrologist, ... J. S. Ayres, M. D., Kalamazoo.

CHAIRMEN OF BUREAUS.

Registration and Statistics,. . . . . E. D. Brooks, M. D.
Anatomy and Physiology, ... C. S. Crumrine, M. D.
Microscopy and Histology, ... A. B. Nelles, M. D.
Ophthalmology, Otology and Laryngology,
. . . . . D. A. MacLachlan, M. D.
Sanitary Science, ... Frances Hillyer, M. D.
Pathology, ... E. P. Felch, M. D.
Clinical Medicine, ... D. M. Nottingham, M. D.
Pædology, ... Mary Thompson Stephens, M. D.
Surgery, ... W. M. Bailey, M. D.
Gynæcology, ... S. H. Knight, M. D.
Mental and Nervous Diseases, ... P. A. Perrenoud, M. D.
Obstetrics, ... E. Louise Orleman, M. D.
Member Bureau Materia Medica, . . J. C. Nottingham, M. D.

BOARD OF CONTROL.

O. R. Long, M. D. H. C. Brigham, M. D.
C. S. Morley, M. D. D. M. Nottingham, M. D.
W. M. Bailey, M. D.

JUDICIARY COMMITTEE.

F. E. Palmer, M. D. H. M. Warren, M. D.
A. B. Grant, M. D. M. J. Spranger, M. D.
Byron Defendorf, M. D.

AUDITING COMMITTEE.

M. C. Sinclair, M. D. J. N. Reynolds, M. D.
C. G. Caron, M. D.

EXECUTIVE COMMITTEE.

Harold Wilson, M. D., Chairman.

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PROCEEDINGS

—OF THE—

Twenty-Fifth Annual Session

—OF THE—

HOMOEOPATHIC MEDICAL SOCIETY

—OF THE—

STATE OF MICHIGAN,

HELD AT BATTLE CREEK, MAY 15 AND 16, 1894.

FIRST DAY.

MORNING SESSION.

The Society was called to order in the parlors of the Williams House, at 10 a. m., by the President, Dr. J. C. Nottingham. Prayer was offered by Rev. W. S. Potter, of the First Presbyterian Church.

Dr. Miles Rorabacher delivered an address of welcome, which was responded to by President Nottingham.

The minutes of the previous meeting having been printed and distributed to the members of the Society, their reading was dispensed with.

Upon motion, the order of business as published in the program was adopted.

The report of the General Secretary was then read, as follows:

To the Homœopathic Medical Society of the State of Michigan:

On the 19th of last August I received from President Nottingham notice of appointment to fill the vacancy created by Dr. Wil-

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son's resignation. My appointment, I understood, was made at Dr. Wilson's suggestion, and, upon his assurance that he could not possibly continue in the office, I accepted.

An earnest effort has been made to create an interest in, and keep the members informed concerning, the affairs of the Society. To this end a circular letter was mailed the first of March to every member, and at various times chairmen of bureaus were written to and urged to prepare the sectional work. May first the preliminary program was mailed.

My expenses as Secretary have amounted to $11.55, an itemized statement of which is subjoined.

Respectfully submitted,

R. S. COPELAND, M. D.,

General Secretary.

EXPENSES OF THE GENERAL SECRETARY.

1893.		
Sept. 20.	Express on trunk	$ 0 75
Oct. 20.	Postage	1 25
Nov. 1.	Postage	24
1894.		
Jan. 10.	Postage	14
Mar. 1.	Postage	1 55
Mar. 22.	Postage	40
April 2.	Postage	20
April 17.	Postage	20
May 1.	Postage	5 32
May 4.	Postage	50
May 14.	Express on trunk	1 00
		$11 55

Upon motion the report was referred to the Auditing Committee.

The report of the Corresponding Secretary was read, as follows:

To the Homœopathic Medical Society of the State of Michigan:

Your Corresponding Secretary begs leave to report that he has received no correspondence from any source, has not been called upon to perform any labors, and desires to return his sin-

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cere thanks for the bed of official roses upon which he has been permitted to recline.

All of which is respectfully submitted.

W. M. BAILEY, M. D.,
Corresponding Secretary.

Upon motion the report was referred to the Publishing Committee.

Upon motion the General Secretary was appointed Treasurer pro tem., and read the Treasurer's report, as follows:

H. M. Warren, Treasurer, in acconnt with the Homœopathic Medical Society of the State of Michigan:

1893.		1893.	
May 1. To balance.....	$34.56	Aug. 16. By order 65	$ 6 75
		Aug. 16. By order 66	7.10
1894.		Aug. 16. By order 67	84.10
May 14. To cash for dues.	98.00	Aug. 16. By Ex. for draft.	.25
		1894.	
		Apr. 30. By postage	2.50
		May 14. By postage & Sta.	1.30
		By balance.....	30.56
	$132.56		132.56

Upon motion the report was referred to the Auditing Committee.

To fill vacancies in the Auditing Committee, the President appointed Drs. E. A. Clark and F. J. McGuire.

Verbal reports were made for the Board of Control by Dr. D. M. Nottingham, and for the Judiciary Committee by Dr. F. E. Palmer.

Upon motion the President appointed the Nominating Committee: Drs. Harold Wilson, R. S. Copeland, Oscar LeSeure.

The Board of Censors reported favorably upon the name of G. P. Cooley, M. D., of Detroit, and he was elected to membership.

The report of the Necrologist was read and, upon motion, referred to the Publishing Committee.

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Dr. Wilson moved that the time of reading each paper be limited to ten minutes, and discussion by individual members to five minutes.

Dr. Copeland offered as an amendment that discussion by individual members be limited to five minutes.

Amendment and motion as amended carried.

The BUREAU OF REGISTRATION AND STATISTICS was passed, the chairman being absent.

The BUREAU OF OPHTHOLMOLOGY AND OTOLOGY being opened, the following papers were read and discussed: "Mastoid Disease with Cases," by J. F. McGuire, M. D., and "Vibratory Massage in Ear Disease" by D. A. MacLachlan, M. D.

Upon motion, the privileges of the floor were extended to physicians present not members of the Society.

The Society then adjourned to meet at 2 p. m.

AFTERNOON SESSION.

The Society was called to order by President Nottingham at 2 p. m.

The Board of Censors reported favorably upon the names of E. P. Felch, M. D., Grand Rapids, and J. N. Ayres, M. D., Kalamazoo, and they were elected to membership.

The BUREAU OF PATHOLOGY was called, and the following papers were read and discussed: "Reflex Pathology," D. M. Nottingham, M. D.; "Neoplasms from a Pathological Standpoint," E. P. Felch, M. D.; "The Camera in Medicine," Harold Wilson, M. D.; "Osteomata: Description of a Rare Case," C. S. Mack, M. D. The bureau was then closed.

The BUREAU OF OPHTHALMOLOGY AND OTOLOGY was reopened, and the following papers were presented for discussion: "Report of Eye and Ear Clinic in the Homœopathic Hospital of the University, for the year 1893–4," F. Rich, M. D.; "A Case of Cyclophoria and its Treatment," A. F. Ran-

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dall, M. D. (read by title); "Some Considerations on the Treatment of Purulent Inflammation of the Middle Ear," R. S. Copeland, M. D. The bureau was then closed.

The chairmen being absent and no papers appearing, the following bureaus were passed and closed: Bureau of Laryngology and Bureau of Mental and Nervous Diseases.

The BUREAU OF SANITARY SCIENCE being opened, a paper, "The Prevention of Syphilis," by Harold Wilson, M. D., was read and discussed. The bureau was then closed.

The following resolution was offered by Dr. Wilson:

It is the sense of this Society that the Legislature of Michigan enact a law making the willful transmission of syphilis from one person to another a crime.

The resolution was adopted.

Upon motion, Dr. Wilson was invited to co-operate with the Board of Control in the further consideration of the subject.

The American Institute Jubilee Meeting and the Hahnemann Statue Fund were called to the attention of the Society.

Upon motion, Dr. F. E. Palmer was requested to confer with the Board of Control in the consideration of legislation concerning mal-practice suits against physicians.

The Society then adjourned to meet at 8 p. m.

EVENING SESSION.

There was a large attendance of members and visitors when the meeting was opened at 8 p. m. Dr. G. A. Robertson, First Vice-President, occupied the chair.

President J. C. Nottingham read his annual address, which was referred to the following committee, appointed by the chair: Drs. F. E. Palmer, D. A. MacLachlan and Oscar LeSeure.

The Board of Censors reported favorably on the name of E. R. Eggleston, M. D., and he was elected to membership.

Upon motion, the following bureaus were declared closed:

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Registration and Statistics, Anatomy and Physiology, Microscopy and Histology.

Upon motion, the Bureau of Pædology was passed.

The President having resumed the chair, the BUREAU OF CLINICAL MEDICINE was opened, and the following papers read and discussed: "The Germicidal Treatment of Tuberculosis, with cases from practice," G. A. Robertson, M. D.; "Michigan Consumption," T. C. Duncan, M. D. (read by title).

The Society then adjourned to meet at 8:30 a. m. Wednesday.

SECOND DAY.

MORNING SESSION.

The Society met at 9:30 a. m., President Nottingham in the chair.

Upon motion, the Bureau of Pædology was declared closed.

The BUREAU OF SURGERY was opened, and the following papers read and discussed: "Pratt's Hysterectomy," A. B. Grant, M. D.; "Skin-Grafting," R. H. Stevens, M. D., (read by title). The bureau was then closed.

The BUREAU OF GYNÆCOLOGY being opened, the following papers were read and discussed: "Salpingo-oophorectomy as a Treatment for Insanity," Wm. M. Bailey, M. D.; "Consideration of Gynecological Operations in the Treatment of Nervous Diseases," S. H. Knight, M. D. (by title); "The Cause of the Decadence of Women and Its Results," Louise Orleman, M. D.; "Laceration of the Perineum," A. F. Randall, M. D. (by title); "Cervical Endo-metritis," J. N. Reynolds, M. D. (by title); "Hydatidiform Moles," Mary Thompson Stevens, M. D. (by title); "Uterine Hypertrophy," H. M. Warren, M. D. (by title); "Treatment of Chronic Endo-metritis," Oscar LeSeure, M. D. The bureau was then closed.

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Dr. Robertson having been called to the chair, the Committee on President's Address made the following report:

The Committee upon President's Address beg leave to report:

1. That we heartily endorse the glowing tribute paid by the President to the memory of Hahnemann. The literary and scientific attainments of the founder of our school, as well as his devotion to the cause of humanity, place him among the greatest reformers in history, and we congratulate humanity to-day upon the improved therapeutics and more humane and rational practice that has been brought about by the benign influence of homœopathy.

Its safe, speedy and certain results at once demonstrated the superiority of the law of similars, as enunciated by Hahnemann, over the injurious, irrational and empirical practice of that time, so that to-day it holds a warm and abiding place in the hearts and minds of the people wherever opportunity for fair and intelligent comparison of the two methods has been afforded. If the practice and therapeutics of our brethren of the traditional school is better to-day, it is not so much because it is less experimental and hap-hazard than before, as because it is more safe, more humane and more rational.

2. We are in accord with the President in his denial of sectarianism in the sense implied by our friends of the dominant school, but in the sense of firm belief in and adherance to principles and system in medicine, we are willing and must be sectarian. That we have a distinctive title to-day is because we have been so designated by our opponents; that we have separate organizations to-day is because we were persecuted and driven out of the existing medical societies and organizations, leaving no recourse open to us but the formation of societies and colleges in which homœopathy, in addition to traditional medicine, might be discussed and expounded.

3. We warmly commend the expressions of liberality and tolerance indulged in by the President toward all legitimate practitioners of medicine, regardless of their individual or peculiar medical and scientific opinions, and reaffirm his statement that when our brethren of the dominant school revise their code of ethics so as not to exclude men of equal ability and scientific attainments with themselves from fraternal association and recognition, they will then be in harmony with the broad prin-

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ciples of our republic, and will have removed all necessity for separate organizations and associations.

4. That we are in active sympathy with the President in his exhortations to loyalty and adherence to our principles and cause. That indifference and apathy never have and never will accomplish any desired good, while steady and unswerving fealty to any worthy cause will, sooner or later, command recognition and compliance.

F. E. PALMER,
O. LESEURE,
D. A. MACLACHLAN.

Upon motion, the report was unanimously adopted.

The Society then adjourned to meet at 2 p. m.

AFTERNOON SESSION.

The Society met at 2:30 p. m., and immediately the BUREAU OF OBSTETRICS was opened. The following papers were presented: "Rupture of the Uterus Complicating Parturition," E. D. Brooks, M. D. (read by title); "From what do the most Frequent Complications of Obstetrics and Gynæcology arise?" N. B. Sherman, M. D. After free discussion of Dr. Sherman's paper, the bureau was closed.

The Board of Censors reported favorably upon the names of F. Rich, M. D., and C. C. Landon, M. D., and they were elected to membership.

The BUREAU OF MATERIA MEDICA being opened, the following papers were read and discussed; "Caulophyllum," J. S. Ayres, M. D.; "Provings of Arsenicum in Cyclopædia of Drug Pathogenesy," C. S. Mack, M. D. The bureau was then closed.

The Auditing Committee made the following report:

We, the Auditing Committee, have examined the following bills, viz: C. & J. Gregory Co., printing, $29.50; Secretary's bill for postage, $11.55, and would recommend they be paid. We have also examined the report of the Treasurer and find it correct. We recommend, according to our usual custom, that the Secre-

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tary's traveling expenses and hotel bill, $11.50, be paid by the Society.

All of which is respectfully submitted.

G. A. ROBERTSON,
J. FRANK MCGUIRE,
E. A. CLARK,
Committee.

Upon motion, the report and recommendation were adopted.

Moved that the Bureau of Laryngology be associated with the Bureau of Ophthalmology and Otology. Carried.

The Committee on Nominations made the following nominations, which were confirmed by the Society:

CHAIRMEN OF BUREAUS.

Registration and Statistics—E. D. Brooks, M. D., Flushing.
Anatomy and Physiology—C. G. Crumrine, M. D., Battle Creek.
Microscopy and Histology—A. B. Nelles, M. D., Bay City.
Ophthalmology, Otology and Laryngology—D. A. MacLachlan, M. D., Ann Arbor.
Sanitary Science—Frances Hillyer, M. D., Grand Rapids.
Pathology—E. P. Felch, M. D., Grand Rapids.
Clinical Medicine—D. M. Nottingham, M. D., Lansing.
Pædology—Mary Thompson Stevens, M. D., Detroit.
Surgery—W. M. Bailey, M. D., Detroit.
Gynæcology—S. H. Knight, M. D., Detroit.
Mental and Nervous Diseases—P. A. Perrenoud, M. D., Ionia.
Obstetrics—E. Louise Orleman, M. D., Detroit.
Member Bureau Materia Medica—J. C. Nottingham, M. D., Bay City.

Upon motion, the following resolution, presented by Dr. MacLachlan, was adopted:

Resolved, That we view with pleasure and appreciation the movement inaugurated recently, and endorsed by the American Institute of Homœopathy, to erect a monument in our national capitol city to the memory of Samuel Hahnemann, "the great medical reformer, who, more than any other man who ever lived, improved the practice of medicine, relieved suffering and lengthened life." That we actively sympathize with the effort, and

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will cheerfully contribute of our means toward defraying the expense of the statue to be erected.

Dr. Bailey moved that the matter be referred to the Michigan Committee, with power to send a circular letter to every member of the profession in the State, the expense to be borne by the Society. Carried.

The invitation to meet in Detroit in '95 was accepted.

The Society then proceeded to elect its officers, with the following result:

President—Oscar LeSeure, M. D., Detroit.

First Vice-President—D. A. MacLachlan, M. D., Ann Arbor.

Second Vice-President—N. B. Sherman, M. D., Kalamazoo.

General Secretary—R. S. Copeland, M. D., Bay City.

Corresponding Secretary—W. M. Bailey, M. D., Detroit.

Treasurer—C. S. Mack, M. D., Ann Arbor.

Necrologist—J. S. Ayres, M. D., Kalamazoo.

Member of Board of Control—W. M. Bailey, M. D., Detroit.

Board of Censors—F. E. Palmer, M. D., Albion; G. A. Robertson, M. D., Battle Creek; F. J. McGuire, M. D., Alpena; Frances S. Hillyer, M. D., Grand Rapids; Harold Wilson, M. D., Detroit; H. M. Warren, M. D., Jonesville.

Vacancy on Board of Control created by death of Dr. Eldridge—H. M. Brigham, M. D., Grand Rapids.

Dr. Wilson moved that a vote of thanks be given the retiring President for his untiring zeal and devotion to the interests of the Society. Carried unanimously.

Dr. LeSeure moved that a vote of thanks be given Dr. H. M. Warren for his long and efficient service as Treasurer, and that the Secretary notify him of the action of the Society. Carried unanimously.

Dr. Copeland moved a vote of thanks to the local committee and to the members of the Homœopathic profession of Battle Creek, for their generous entertainment of the Society. Carried unanimously.

The Society then adjourned.

R. S. Copeland, M. D.,
General Secretary.

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NECROLOGIST'S REPORT.

J. S. AYRES, M. D., KALAMAZOO.

Isaac Newton Eldridge was born in Livingston county, New York State, August 5th, 1819; died January 18th, 1893, of neuralgia of the heart.

He received an academic education in his native State, fitting himself for the calling of teacher, but a wise and guiding Providence had other work awaiting him. While teaching, he was also a diligent student, thus laying, unconsciously to himself, the foundation for a future successful life-work. The scourge of toil that he thus applied to himself, soon completely broke him down in health, and the same wise Providence that permitted his invalidism, permitted him also a full experience of the tender mercies of the allopathic system of medicine, and when their most heroic efforts had proved entirely futile, and when he was sunk in despair, and hope had fled, he learned that the then new school of homœopathy had a practitioner at Rochester, New York. To this physician he was carried in an improvised ambulance.

Under the counsel and treatment of Dr. Bigler, after a reasonable time he fully recovered his health. This double experience, supplemented by the study of the Organon, so enchanted him that he soon became a student of homœopathy; so, by this man's sickness, and recovery under homœopathy, a successful practitioner and an able physician was added to our profession in Michigan, once honoring this Society by accepting its presidency.

After graduating at both the New York and the Cleveland homœopathic medical colleges, he came, as a pioneer in the profession, to Ann Arbor.

After giving homœopathy a foot-hold, and an honorable standing in the university city, he removed to Flint, that he might take charge of the large business interests left by his

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father, who had recently died, and where he spent the remaining years of his active life.

Although removing to another part of the State, he always retained his interest in the Homœopathic Department of the University, and gave his most active efforts and influence towards promoting its welfare and to maintaining it in its integrity.

The character which he established, and which was the blossom and the fruition of his life, was not a work of accident, for his attainments as a scholar, his careful and thorough culture, and his long and trying sickness were all factors in the discipline which prepared him early in his professional career to feel its momentous responsibilities. By close attention to its duties, and by his kindness of spirit, he gave assurance of that true sympathy which the devoted physician always has for those in the deep waters of affliction. Sympathy is always an evidence of that peculiar richness of intellectual quality which so eminently fits him to perform those high—those sacred duties—which are the true inheritance of his profession, and which make him, at all times, the beloved physician.

Dr. Eldredge was a man respected and honored in his life by his colleagues, and in his death sincerely lamented by his friends.

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PRESIDENT'S ADDRESS.

J. C. NOTTINGHAM, M. D., BAY CITY.

In this quarter-centennial meeting of our State Society and the semi-centennial year—Jubilee—of the oldest national medical organization in this country, The American Institute of Homœopathy, of which homœopaths are justly proud, and by which all have been benefitted in their honest efforts to maintain the truths of scientific medicine, which is homœopathy, and the one hundred and thirty-ninth year since the immortal Hahnemann was born (April 10th, 1755). These epochs make it fitting and proper that I should dwell upon, or affirm in some manner, a reflection of the homœopaths of the State of Michigan as believers, promoters and practitioners of the methods taught by Samuel Hahnemann, for the continuance of which this society was organized.

I will not enter into the history with which all homœopaths are, or should be, familiar, but will give reflections of our position in these days of prosperity, days when prosperity seems to flush some minds with victory. when some seem embued with a spirit of "broad liberality," and others, dazed by successes, are wont to follow some precedents, although meager and thus far unsatisfactory, of combining the schools of medicine, and without name or designation, teach Samuel Hahnemann's doctrine with homœopathy omitted.

This spirit of "broad liberality" is so broad that no depth can be measured, so liberal that they who espouse it are willing to part with every cherished principle of others, regarding none of their own but expediency. As paradoxical as this may seem, we have men whose recognition by old school associates has made them feel that this is possible, and yet maintain our cause and the superiority of our methods.

If one is to learn the right application of medicine to the cure of disease, is it not worse than useless to learn the wrong

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application of medicine? Has anyone thoroughly mastered the application of the law of the similars to the cure of disease manifestations and morbid affections and conditions? If so, then let him publish the fact before the world, for he is a medical wonder.

To try to teach homœopathic materia medica in a practical and comprehensive manner to a student of the sect called "regular," and have that student appreciate the truth of the law *similia similibus curantur*, would be "love's labor lost." "Convince a man against his will and he's of the same opinion still." How few people have the courage of their convictions; when convinced of the truth of homœopathy, they choose to associate themselves with the traditional school because of the greatest numbers, regardless of the results to their confiding friends.

There never was a man so versatile in medicine as to be capable of employing either method of therapeutics a patient may select, in the best manner and most skillful, and he who essays to do it is either a knave or a fool.

We have only to examine Ringer's, Bartholow's and other works on therapeutics by authors of the "regular" school, to find that tradition is fast giving way.

Should we surrender any right methods, should we discard any advantages which homœopathy gives to the sick, to appease the wrath of opposition to homœopathy, because they choose to call us sectarian?

Are We Sectarian?

The physiomedics, the eclectics, the homœopaths, and even the regulars, have their chosen designation. A name may be offensive to some individuals. All enterprising, ambitious, successful physicians and surgeons are members of one or more medical societies, and attend their meetings whenever possible. Who knows of a medical society without a name?

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If I belonged to a medical society which had no fixed principles, and was so jealous of the successes of others, who would cure patients with what I denominated nothing, patients whom I had tried in vain to cure, I should want to examine the offensive title of that fellow, and learn "what there is in a name."

When that school of medicine which has no law for a guide, no principles which aid them in curing the sick, no rules to lead them in right prescribing for or diagnosing disease; in other words the negative school which ostracised Hahnemann, and, by the aid of apothecaries, drove him and his family from many cities of his native country because he insisted upon preparing his own medicine, not because he was not capable, not because he was not duly qualified to practice the great art, not because of his injury to the sick, but in reality because he was most successful, and in a different way. They announced before the world in actions, far more unmistakably than a name could indicate, that they were sectarians. When this same class and clan of physicians attempted to procure legislation in New York, Georgia, Michigan and many other states which would give them control of the practicing physicians of those states, they proclaimed themselves bigotedly sectarian. The Atlanta Medical and Surgical Journal made the following statement after such a failure in Georgia in 1893: "But we wish right here to serve notice on the Georgia Legislature that they have 'scotched the snake, not killed it.' This matter will be brought before every successive assembly until it becomes a law." This utterance, full of vindictive sectarianism, comes from the source of volumes of such bigoted expressions, that might be recorded here, to show that the spirit which moved the same class to ostracise Hahnemann and drive him from town to town, is still the leader of the octopus, that school of medicine which is not sectarian(?) or clannish(?) or even jealous(?), bigoted(?) or intolerant(?); that school which would not have a name, for fear of exposure of their irrational,

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empirical practice, of their "poverty in therapeutics," and appearing to be sectarian; that school which experiments upon the sick who are led to employ them, because of great pretensions, not unlike the thousand quacks and fakirs who fill our cities with bulletins, hand-bills and great noises, the "holier than thou" physicians. If students of homœopathy are to be compelled to study their mis-named therapeutics, the essence of repulsiveness and nastiness, should we invite them in return to partake with us in the delicious, benign and Christ-like materia medica? A materia medica with positive elements, a materia medica and therapia with a law for a guide, and awaiting only perfect development, perfect adaptation, to become invincible. A materia medica and therapia the development and perfection of which requires only the highest intelligence, the best pathologists and scientists and the greatest reasoners and thinkers the world can ever produce. That law is the law of our homœopathic projenitor, Doctor Samuel Hahnemann, who formulated *similia similibus curantur.*

When any man says he does not object to homœopathic principles and practices, but objects only to the designation, that man is a bigoted sectarian.

We might refer to history, and produce evidence of the apparent usage of names for everything and everybody, single and organic, since the world has been known in history.

If bearing a name means sectarianism, then are not all sectarians? Are not societies, organizations of whatsoever nature or for any purpose whatsoever, sectarian? A name is a designation by which we may recognize a distinction without full description. To describe homœopathy, Chamber's Encyclopedia has almost two pages of two columns each. The People's Encyclopedia has one and one-half pages, Encyclopedia Brittanica has two pages.

Much has been written by the lamented Drs. Dunham, Herring, Holcomb and hosts of others, yet this does not cover all the name homœopathy means.

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If any organization in medicine is so bigoted as to wish to be known as universal, embracing all that is proven to be beneficial to humanity, "to improve the health and protect the lives of fellow citizens," yet enter upon a scheme of persecution and ostracism of every advancement in the knowledge of the sciences and arts which lead in this direction, by a body united under a code of ethics and under the assumed name of "regular," as they did Harvey, Jenner and Hahnemann, are they not supremely bigoted, selfish, egotistical, presumptuous, intolerant and sectarian? How else can they hope to sustain such a position?

The position of the dominant school to-day rests wholly upon such presumption and arrogance, for there is nothing in their theory and practice, art or science, not open to homœopathy and the world, except their secret conspiracies against the "sects," so-called, in medicine. Nor do we claim that anything of secrecy obtains among us, but rather that all investigations, provings of remedies, discoveries in science, everything of interest and advantage to the whole profession, is now and ever has been published to the world through such mediums as can best be relied upon for such purposes. We have not now, nor ever had Hahnemann and his true followers, any secrets by which the medical profession would be benefitted. The claim that in this sense we are sectarian, is as false as that Hahnemann was not capable of preparing his own medicine is false, and our published works are the proof.

The greatest obstacle in the way of the success of the superior practice of homœopathy is the labor and genius required. It is far easier and pleasanter to follow the stereotyped plan of the dominant school in the routine and fashionable methods, perenially introduced and used by the whole profession until something else is brought forward. All this at the expense of patients' lives and their pockets, avoiding all wear and tear of body and brain of the willing camp-followers.

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We have an occasional man among our number who hesitates at the work before him in homœopathy, who takes a view over the non-resistance to the dominant methods, and readily grasps the idea of ease and popularity, obtainable by attempting to betray our cause to our opponents. They may destroy the confidence their associates had in them and cause their friends grief, but a Benedict Arnold was never successful in acquiring fame or restoring the general confidence of betrayed friends.

The cause of Hahnemann, named homœopathy, has suffered much by homœopathic Jesuits, thinking more of the number of converts than of truth itself. Expediency—the accepted Jesuitical principle of the end justifying the means—is seen in almost everything in this world which blazes with success. It is seen in politics, in philanthropy, in ecclesiasticism and in general education, as well as in medicine. There are political Jesuits as well as Catholic Jesuits and homœopathic Jesuits. What do you think of a man wearing the livery of a gospel minister, devoting all his energies to money making, versed in the "heathen Chinee" "ways that are dark and tricks that are vain," all to succeed better in worldly thrift, using all means for the single end; is not he a Jesuit?

What would you think of a college which lowered the standard of education in order to draw students, or selected, as the guardians of its higher interests, those men who would contribute the most money to its funds?

This spirit of expediency is entertained by many a self-sacrificing man or one selfishly ambitious to become a leader, a real modern Moses.

Homœopathy has attained its present proud position in the world of culture and refinement, among the intellectual giants of our country, because of its supreme merit, because of superior results in the practical cure of the sick, because education in homœopathy increases its value. The more homœopathy

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is investigated by the most learned scientists, the more formidable the truths therein contained appear.

Do you wish to climb to the pinnacle of fame? Do you wish to do the most good to humanity possible for a physician to do? Do you wish to study the real sciences? Then devote your life to TRUTHS.

The Spirit of Liberality.

There has been a spirit of liberality growing in the organizations of the general profession; a spirit of inquiry has arisen in the societies of the dominant school, chiefly through the decided action of the New York members of the American Medical Association, and if they continue to insist upon the change they have demanded in the code of ethics of this association, they will soon be successful, and if such liberal change should be made, they will then stand upon the principles of our beloved country. I here quote from the address of Henry O. Marcy, of Boston, President of the American Medical Association, when in session at Detroit, 1892:

"As the direct outgrowth of sectarian medicine and its influence upon the profession in a general way, we have the anomaly of the New York State Medical Society, for so many years the supporters of this association and foremost in its councils, under the leadership of men who openly declared that the future progress of our profession demanded the abandonment of restrictive rules of policy, the very state society from which the national association emanated, has withdrawn from affiliation with the general association upon the plea of restrictive and burdensome regulations, limiting official consultations to be held only with physicians properly educated. In order that the American Medical Association might be free from any possible criticism of a narrow or illiberal spirit, the following resolution was unanimously adopted at its annual meeting in 1885:

"'*Resolved*, That clause I. of article IV. of the National

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Code of Ethics is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who, in other respects, are entitled to be members of the regular medical profession. Neither is there any article or clause of the said 'code of ethics' that interferes with the exercise of the most perfect liberty of individual opinion and practice.'

"We cannot question that this is the true spirit of liberalism," said Marcy, "and it should be accepted by the most radical expounder of the theory of evolution in medical ethics. During the present year I have made most careful study of the question in its various aspects, especially as pertaining to New York city, and without exception, I have heard only universal deprecation of the present society relationships of the profession, coupled with the opinion that the times were ripe for the early re-adjustment and restoration of harmony. It has been my confident belief that this year would have seen this much-desired state of affairs consummated, and to have had, in any degree, an active part in the bringing about this result would have been considered by myself the greatest honor pertaining to the high office to which you have elected me. I can only advise moderation in your councils, believing that, at a very early date, harmony will be restored, and the medical leaders of our great commercial center, almost of necessity the most influential teachers of our country, will be, without exception, in active co-operation with the national association."

When this representative association of the dominant school passes the resolution above quoted, then, and not till then, will we be justified by any sense of dignity or manhood, in considering a proposition to unite with them. When that resolution is become generally accepted by the dominant school, they will then have placed themselves, as members of the great medical profession, upon the broad, liberal proposition of the principles of our government; then, indeed, rec-

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ognizing the great principle that "all men are created equal." Who among our number is willing to sacrifice the advanced position of our school in the application of medicine for the cure of disease, and the endless resources for study in these scientific principles, for the empiricism and uncertainty of other schools?

Bigotry, selfishness and the intolerant spirit of the old school alone are responsible for the numerous sects in our great profession. It is not inferior education or lack of scientific attainments for which Hahnemann was ignored and persecuted, but it was because of his superior methods of teaching therapeutics, so radically different from the traditional, then generally accepted by all teachers in the universities, and practiced by thousands of physicians all over the world.

When we contemplate the radical difference between the scientific, certain methods of Hahnemann and the then existing methods of the traditional school, as clearly stated in the Organon, we cannot but hold much sympathy for the followers of the dominant faith, for this reason if no other. They must have contemplated that, if the law of similars and the minimum dose was right and would cure, what a great infliction they were administering to the unwary applicants for humane treatment and relief from physical suffering and disability.

To adopt Hahnemann's teachings, would have been self-condemnation for a crime not less than inhuman torture. But there would have been joyful expressions of many millions since that date to glorify them for their liberal and intelligent consideration.

That which is sought by all intelligent, honorable, liberal, progressive men and women of our branch of the profession is not allopathy, is not homœopathy nor any other 'pathy, but invincible TRUTH.

LOYALTY.

In all ages and all histories the loyal man is marked with favor and distinction; all traitors are duly and properly

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branded with the disregard of their fellow men, and go down the cycles of time with the mark of a Cain or a Benedict Arnold.

As in history and politics, homœopathy is handicapped by men seeking aggrandizement through deception and imposition of dishonor upon his associates or the general cause.

The pretense under which this has been undertaken is the subterfuge of "broad liberality." When a man or woman can come before this or any other homœopathic society, and show that he has obtained all that is good and useful, or even all that is certain, in materia medica and therapeutics, and hence feels an incapacity to further accomplishments in our general great profession within the homœopathic branch, he will deserve to be denominated angel, and we will order his wings. Homœopathy places no limit to study and research. Indeed, the field for original work is as broad as the universe and as full of usefulness yet unknown as truth or eternal nature. The term homœopathy is no embarrassment to any loyal genius. No man ever attained to greater fame than Samuel Hahnemann. Many have sought to rise as high, and many have won great favor deservedly, whose names are written on the scroll of honor and fame higher than that of any king, higher than any President of the United States, which is the highest position of official honor attainable upon this sphere. What would you not give to be the author of the law *similia similibus curantur*, and of the works so well and invincibly sustaining that law?

Hahnemann and Homœopathy.

Does any physician desire fame and fortune? If so, then he may find it in loyal work for the cause of healing diseases of humanity in that way most certain, most pleasant and most speedy, viz: By proving remedies upon the healthy, and by the phenomena produced thereby, learning their adaption to the cure of diseases from similar phenomena presented in the

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sick to that produced in the healthy, by the remedy proven, these phenomena to include subjective as well as objective symptoms. Phenomena which are governed by exposures or controlled by conditions of environment. Often these phenomena may require years of research or arduous study, great ingenuity and sound reasoning to develop, yet readily proven by practical experiment; as, for instance, calcarea carb., silicea, and all non-pathogenetic medicines found by practice to be incontrovertible in their positive and uniform conduct when administered according to our law. These few details of the system of medicine we here represent is only a part of the whole named homœopathy, for no other purpose than that of distinction.

In a letter written January 24th, 1814, to his friend, Dr. Ernst Stapf, Hahnemann refers to this name as follows: "I wish I could avoid reference to homœopathy in all future anonymous writings, so that we might get practitioners to make trials without their knowing all at once how the cures they make are effected. They would afterward learn to their confusion. For were they to know beforehand the rationale of the action of the remedies, they would scorn to use them, and refuse to make trial of them, as was recently done by a certain Dr. Riedel, of Penig, now dead, poor man, who had much to do with the present epidemic of hospital fever, and sent many to their last home.

"When someone suggested to him a trial of my method, he exclaimed: 'I would die sooner than take Hahnemann's medicine,' just as if I had other medicines than the rest of my fellow-worms. He caught the fever and died. I was sorry for the poor, misguided man. We should feel compassion for those poor creatures. 'Father, forgive them, for they know not what they do.' "—Hom. World, vol. xxiv., p. 208.

What is there to gain to the cause of scientific medicine, named homœopathy, by discarding the title? I answer in a word, cowardice, a trait of character never conjectured to be-

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long to Hahnemann or any of his loyal, competent followers. Hahnemann has been accused of the aggregate of all the deprecating vocabulary in English, and, I presume, in German also, but never has he been called a coward or a traitor.

In Hufeland's Journal (called "Journal der Practischen Arzneykunde und Wundarzneykunst") vol. ii., parts 3 and 4 (1776), Hahnemann published an "Essay on a New Principle for Ascertaining the Curative Powers of Drugs"— Lesser writings New York 1852, p. 249. He wrote this while at Konigslutter, after so many years of professional banishment from the home of his choice by a combination of the apothecaries with and under the compulsion of the doctors, who were alarmed for their prestige, and filled with traditional dogmas, jealousy, bigotry, intolerance and ignorance of practical homœopathy. These are our enemies to-day, and many cowards can be found who are willing to surrender all they hold of humanity's interest in homœopathy for a mess of pottage.

Hahnemann met the enemy at every opposition, never once failing for want of erudition and a knowledge of the sciences.

In 1811 Hahnemann returned to Leipsic and asked for the privilege of teaching in the University. "Rosemuller, who was then Dean of the Medical Faculty, told him that a doctor extraneous, although he is legally entitled to practice medicine, has not, for that reason, the privilege of delivering lectures, but that he must first gain such a privilege by the vindication of a dissertation with a respondent from the medical schools, and that he must pay to the faculty fifty thalers (about $37.50).

"On the 26th of June, 1812, Hahnemann presented a Latin thesis entitled 'A Medical Historical Dissertation on the Helleborism of the Ancients.' (Lesser writings N. Y. 1852, p. 569.)

"His son, Frederick, acted as respondent. The thesis was a marvel of research and erudition. He referred to many of

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the earlier writers, and in such a way as shows distinctly that he must have studied their writing.

"In order to have written this he must have read in their original language, the work of 49 authors (Avicenna from the Arabic, Galen, Pliny, Oribasius, Herodotus, Ctesias the Coan, Theophrastus the Eresian, Haller, Scaliger, Dioscorides, Murry, Pallas, Vicat, Lucretius, Celsus, Jacquinus, Salmatius, Antyllus, Grassius, Muralto, Gesner, Bergius, Greding, Unter, Lorry, Reimann, Scholzius, Benevenius, Rodder, Lentilius, Strabo, Stephanus the Byzantine, Rufus, Aetius the Amideman, Rasarius, Archigines, Aretæus of Capadocia, Plistonicus, Dioces, Themison, Cælius, Aurelianus, Alexander of Tralles, Paullus of Ægina, Johannes Massarius, Petri Belloni, Pzusanius, Mnesithens, Rufus the Ephesian, and many more.)

"From all these 49 writers he culls, and refers to the book and passage in the writings of each in which any mention is made of the hellebore.

"In order to do this, their pages have been all turned over, and he must have read in Hebrew, Greek, Latin, Arabic, Italian, French, English and German.

"It is needless to say that no one attacked this wonder of philological research. All his hearers were amazed. The Dean of the Faculty publicly tendered his congratulations.

"And yet, a few years later this master of medical learning was hounded out of Leipsic by non-sectarian(?) physicians, who said he was not capable of preparing his own medicines; they even burnt those medicines, so great was their prejudice against the man."—Thomas Lindsley Bradford, M. D., M. Hom. Recorder, vol. viii., and various authors; Albrecht Brunnow, et al.

This was the ending of an attempt of nine years by the master mind of Hahnemann to teach his precepts under the wing of a University. While a small number gave him attention and became believers and friends, and a great man like Dr. Huck, of Lutzen, said in a letter written to a friend in

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Penig: "Dear friend—Though I seldom talk to anyone about one of the greatest thinkers of all centuries, yet I gladly write to you about the man who, by evidence of his ability, has, in a short time, wholly won over to himself the unprejudiced portion of the medical, as well as the non-medical learned men of Leipsic. To hear Hahnemann, the keenest and boldest investigator of nature, deliver a masterpiece of his intellect and industry, was to me a truly beatific enjoyment. I returned home as if in a dream, and a wilderness seemed to surround me, as I was obliged to acknowledge to myself, 'You are not worthy to unloose the lachet of his shoes.' * * * Bradford's Life of H., p. 487.

Dr. Huck continues: "If Hahnemann would stoop to act contrary to his noble nature and play the hypocrite, like so many other (seemingly) great men, even the most renowned citizens of Leipsic would be obliged to lower their pretensions. Most of his opponents were so candid and courteous as to acknowledge that they were wholly of his opinion, medically speaking, and they thought that anyone, in order to say anything, would be obliged to discuss the matter philologically. He covered himself with renown and remained victor."

Notwithstanding the impression Hahnemann was capable to make upon superior learned men, even to bringing conviction to their very senses, yet how few became honest enough to do what he made plain before them was their duty to humanity. They preferred to follow tradition and play the hypocrite, leaving the results to fall upon their victims, their patrons.

In like manner would the effect be were one or two chairs of homœopathy placed in our own University. If the occupants of those chairs were intellectual giants they might convict, but never convert. From this we learn that the development of homœopathy in the United States has been due to our liberal government and the broad liberality of our people. That the United States has eighteen well ordered colleges,

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distinctively homœopathic, is due to distinct education and in separate institutions, whereas had our predecessors been limited to attempts to teach in Universities as a part of their curiculum, homœopathy would be illy represented here to-day, and our cause would have suffered as it has in the land of its birth.

Let us, then, thank God for a free country and loyal and brave teachers, who stood for science and homœopathy.

Closing to Homœopathy.

Physicians of our times are too anxious to obtain renown, and often make the mistake of overtaking notoriety instead, and even this at the expense of earnest, hard and honest loyal workers in the master's cause.

Did any man ever attain greater renown, more merited fame, than our beloved Hahnemann? Did any man ever accomplish so much for humanity and the world as Samuel Hahnemann? He labored industriously from childhood, and was enabled to master eight different languages, became a practical student in each, and acquired the art of reasoning upon what he read with most wonderful accuracy, became a critic of great sagacity, and was able to translate great volumes of medical, scientific and classical literature, and yet at the age of 32 years was poor as poverty could find, an honest, temperate Christian, an industrious, frugal, conscientious student.

His entire family occupied one room in the city of Leipsic, a corner partitioned off by a curtain for his studio; the days occupied in practice and scientific studies, principally the latter; every other night wholly devoted to translations for publishers for a small pittance, to support his depending family. Finding this impossible to support them longer, returned into a little village (Stotteritz). There he clad himself in the garb of the very poor, wore clogs of wood upon his feet, helped his wife in the heavy work and kneaded his bread with his own

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hands. His children fell sick. The future looked dark to the honest seeker after truth. He had lost faith in medicine.

"Where shall I look for aid, sure aid?" sighed the disconsolate father.

Thank Heaven, the aid came, as it will to honest, capable efforts, and Hahnemann's life soon became the life of the earnest, honest, capable and industrious man. A life of affluence and a world renown, ending at a great old age, leaving as great an inheritance upon his heirs and followers possible for any mortal man, and volumes of his own writing, as free from faults and imperfections as a human could do in so vast a work. And this is the monument erected by his own hands and for which humanity will ever bless his name. In affluence, luxury and the greatest comfort possible to enjoy, Hahnemann passed his declining years, an honor to himself and the great cause and people who have followed him.

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MASTOID DISEASE WITH CASES.

J. F. M'GUIRE, M. D., ALPENA.

This dissertation upon "Mastoid Disease" was prompted by a few cases which came to my notice while a practitioner of general medicine. I shall treat of the subject in its broadest sense, using the common expression "mastoid disease," rather than divide the subject into its classifications, and thus be obliged to use more technical phraseology, and hope to be able to present the theme in so forcible a manner as to enable each of you to diagnose so grave an inflammation, even though you should not have the temerity to operate.

This is the most serious complication of the ear. I say complication for the reason that it is, almost invariably, secondary to either an acute or chronic suppuration of the middle ear. But whether the inflammation is primary or secondary concerns us only as a clinical distinction, rather than of any practical utility, as the symptoms must be the same and the mode of procedure cannot vary.

The causes, as previously stated, are, almost always, an antecedent acute or chronic purulent inflammation of the middle ear, due to the extension of the products of inflammation through the mastoid antrum, an opening connecting the mastoid cells with the middle ear at its upper and posterior part. But it may be caused by an extension of the products of a periostitis, and, very rarely, the inflammation is idiopathic. Leaving out of consideration those extraordinary cases of acute inflammation of the mastoid cells of idiopathic origin, it may be stated that, after a purulent inflammation has existed for a longer or shorter period in the middle ear, an acute, virulent inflammatory process is transmitted to the mucous membrane of the mastoid cells, with severe and increasing pain in the affected organ, which bids defiance to all ordinary means for relief, or temporary abatement of the pain may be

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secured, only to return quickly and almost certainly with increased violence.

If, after the rupture of the drum-head, or membrana tympani, in acute inflammation of the middle ear, there should be no cessation of the pain, or should a temporary alleviation only be secured, look out for breakers ahead, for the inflammation is extending to the mastoid cells, and an operation is imperative. The skin in the mastoid region becomes reddened and boggy and sensitive to pressure. The pain, which is usually deep-seated, shoots backward to the occiput, forward to the brow or upward to the vertex, and the affected ear may, during an acute exacerbation, stand out farther from the head than the other ear. This prominence of the affected ear during an acute paroxysm of pain, is considered a very marked diagnostic symptom of mastoid disease, and should not be overlooked by the diagnostician. The pains may not be referred to the ear at all, but may be felt only in the occipital region or in the vertex. The nightly exacerbation of the pain is quite worthy of note. As the symptoms increase in severity, the countenance of the patient becomes most pitiable and striking, the pain, which is usually deep in the ear and head, becomes most intense, sleep is out of the question, the appetite fails, nausea and vomiting ensue, and the countenance becomes peculiarly haggard. In some cases, which I will designate as sub-acute or, perhaps, better, as "chronic," the patient may persist in coming regularly to your office, or there may be such an amelioration for one or two days, as to give the patient hope of a speedy recovery and to lure the attending physician into making a favorable prognosis, but the disease is gradually creeping onward, which we discover by the answers of the patient becoming unintelligible, every movement of the body causes indescribable agony, the intellect becomes confused, rigors and irregular fever supervene stupor and coma are noted in quick succession, and death the inevitable result.

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This disease is almost always diagnosed as "cerebral" by the general practitioner, but the train of symptoms is so characteristic as to point most positively to the true nature of this most terrible disease.

As pus finds its way more easily through the inner wall of the mastoid cavity and transverse sinus than through the outer mastoid plate, it is not likely to choose the latter exit, yet patients are allowed to die by the score with no greater effort made for their rescue than a poultice bound over the bony cavity in which lay the cause of their dissolution.

To illustrate, and thus try to more forcibly impress upon you the importance of an early recognition of this terrible disease, I will recite a few cases which have come under my notice.

Clara F., aged about 9 years, had measles at her home in Detroit. Came to Alpena with her parents to spend the heated term, went in bathing, from the effects of which she had an acute inflammation of middle ear, passing on to suppuration, with perforation of drum-head, followed by an amelioration of the pain for two days, so that I gave a favorable prognosis, but, on the evening of the second day the pain reappeared, redoubled in severity, and, on the fifth day from the reappearance of the pain, she passed away, with all the symptoms of cerebral trouble, and it was so pronounced by a brother allopath, who was called to supplant me, he ignoring entirely the cause of the trouble. A post mortem was not held.

Mrs. R., aged 40 years, was taken with an acute inflammation of middle ear. Dr. Secrist, my co-partner, was called and did everything in his power to check the inflammation, and to alleviate her suffering, but without avail, so Dr. S., an allopath, was substituted, who met with equal success. Then I supplanted the omniscient allopath, and, after making a careful and thorough examination pronounced it "inflammation of mucous lining of mastoid cells," or "mastoid disease," and recommended an immediate operation, to which the patient

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consented; so, with Dr. Sècrist, who gave the anæsthetic, I made the ordinary incision over the mastoid, beginning just below the mastoid and carrying my incision upward in such a direction as to keep about one-half inch from the auricle, using my own judgment as to length of incision. (Most authors recommend making the incision from above downward, but, in cutting from below upward, your knife is not so likely to slip, and, if it should, harm is not apt to result therefrom.) I carried my knife down through the periosteum, then, after laying bare the bone by retracting the periosteum, I placed my trephine about a quarter of an inch behind the auditory meatus and a little below the level of the upper wall of the canal, directing my drill inward, forward and a little upward, until I opened into a cell from which there issued no pus, but, upon introducing peroxide of hydrogen, pus was forced out, after which the patient experienced no pain and made a rapid recovery, and has had no trouble since, now three years.

The choice of instruments for opening into the mastoid lies with the fancy of the operator. In America trephines and drills, I think, hold supremacy, but, while in Vienna this last winter, I saw Prof. Politzer open into two and Prof. Urbantschtiz into one, each using hammer and chisel.

Mr. W., aged 50 years, was taken with pain in his right ear; treated for some days by doctress W., without relief, when Dr. S. was called, who had about the same experience, only, after he had been in attendance for a few days, there was such an amelioration of the pain for two days that the attending physician was jubilant, and the patient sent word to his employer to expect him in his place within a couple of days. But that remission was only temporary, and was succeeded by most intense agony, when they condescended to call me in consultation with Dr. S., and, on looking the case over carefully, we found the symptoms all pointing to an implication of the mastoid, and so diagnosed the case as mastoid disease, and advised an immediate operation, but, not having implicit con-

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fidence in our ability, we were supplanted by two old and grave allopaths, who showed their supreme wisdom by making light of the whole affair, and turning into the family a diagnosis of "unadulterated neuralgia." But the post-mortem showed pus in the mastoid cells, with a complete layer of rich, creamy pus covering the entire cerebrum.

Mrs. R., aged 60, was under treatment for pain in her right ear by Dr. H., who, suspecting the true nature of her affliction, requested me to see the case, which I did, and agreed in the diagnosis, "mastoid disease." An opening into the mastoid cells gave vent to a small amount of pus, with complete cessation of pain, followed by speedy and complete recovery.

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VIBRATORY MASSAGE IN EAR DISEASES.

D. A. MACLACHLAN, M. D., ANN ARBOR.

Why is it that deafness cannot be cured? Every aurist has been obliged to answer this question over and over again, and, until recently, he has simply been obliged to admit that we had no means of curing a large majority of cases. Also that because of the long time involved and the great expense necessarily incurred, another considerable number that might be relieved, must be classed with the hopelessly deaf.

Everyone, then, must hail with gladness any method of treatment that promises relief to this large class of unfortunates. No one, I think, that has noted the medical literature of the past year, can doubt that a very valuable means of treating ear affections has been found in the instrument first suggested by Dr. Garey, of Baltimore, and called by him the "vibrometer."

It is a physiological fact, familiar to all present, that hearing is the sensation of sound, and that sound is produced by the vibration of the drum of the ear. Various things may cause the drum to vibrate, but, whatever it is, the vibration must be conveyed to the brain in order to produce the sensation which we call sound. A very complicated and secluded apparatus performs this function, and together comprises the human ear.

A vibration or movement of the drum is carried by the little chain of ossicles (bones) across the cavity of the tympanum or *middle* ear, to the labyrinth of fluids, canals and terminal ends of the auditory nerve, comprising the *internal* ear, from which it is transmitted by the auditory nerve to the auditory center of the brain, where it is perceived as sound.

The external and middle ear, the parts on either side of the drum, contain air, the former communicating directly with the outer air through the auricle, and the latter indirectly through

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the throat and eustachian tube. Normally, the air pressure is maintained equally on both sides of the drum, so that very slight movements of air or sound waves are sufficient to cause vibrations of the drum, and to produce the sensation of sound, providing the little conducting bones, the internal ear, and auditory nerve are intact. But "there's the rub."

In order that there may be no loss in the transmission of sound waves from a gaseous (air) to a fluid (labyrinthine fluids) medium, the little conducting bones are joined together in a very peculiar way. A movement of the drum inwards causes only two-thirds as much movement of the stapes at its inner attachment, but the latter moves with one and one-half times more force than the former—a change of motion to intensity.

The one which is fastened to the drum and the next have a very large joint, and are set about parallel with each other. The middle and the one attached to the little oval window of the internal ear have a smaller joint, and are set at a right angle to each other. The first two are joined so that when the drum is pressed inward, and the third bone is thus driven inward against the fluid of the internal ear, in the rebound outward the drum cannot move far enough to jerk the third loose from its attachment at the inner end; a very wise provision, as must readily be seen, for were this to occur, the hearing would be instantly and irrevocably lost.

The inner side of the drum, the chain of bones, and the sides of the cavity of the tympanum, are covered with mucous membrane continuous with that of the eustachian tube and the throat. Hence, anything that will cause catarrhal inflammation of the nose or throat, is very likely to cause similar trouble in the ear, primarily, or by extension from the naso-pharynx through the eustachian tube. Inflammation in the middle ear may cause thickening of the drum, distortion or anchylosis of the bones, adhesion of the drum or ossicles to the sides of the tympanic cavity, etc. Either or all of these conditions must prevent vibrations of the drum, or inability to

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conduct vibrations to the internal ear. And this, of course, means deafness, proportionate with the degree of changes in the drum and ossicles.

Now, it logically follows that, if we can loosen the attachments and anchylosis of the little bones, and absorb the inflammatory products that have caused them, as well as the thickening or atrophy of the membrane covering the parts, we can, in a great or less degree, restore the mobility of the parts and the conducting power of the ossicles. This means, then, that we can restore the hearing.

Massage in a general way, is too well known and understood at the present time to need more than mere mention. Vibratory massage, or massage by motion, is a principle in mechanical therapeutics that is pretty generally understood also, I think. It has been applied in various ways to nearly all parts and muscles of the body, with varying success. Various means have been suggested and used in past years to keep the drum and ossicles free and movable, but all were very ineffectual, and in only a few favorable instances accomplished the desired object. What was needed was *vibratory* motion, measured motion, under control of the operator, so that he could at will increase or decrease the length, number and form of vibrations.

Edison's phonograph was first used for this purpose by Dr. Garey. However, it could not be made to meet the special needs of each case, and was abandoned; but from the knowledge gained by its use, has grown the present elaborate and efficient instrument, the vibrometer. With it we can make the drum vibrate to any length possible in the normal condition, and any number of times, from 100 to 10,000 a second. It is easy to see then that vibratory massage, or rythmical movement, can be applied to suit every case.

The writer's use of this method of treatment in one form or other extends over about a year and a half, and comprises a large number of cases. Results have been variable, owing

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probably to the fact that it was applied to many cases to which it was not really applicable, but which could not be distinguished owing to lack of experience with the instrument at the time.

A brief mention of a few of these cases treated, may be of interest to the Society. They show results not to be attained by any other means, so far as my experience goes.

Case I. Female, aet. 16, a student. A very severe attack of *grippe* three years ago left her hearing much impaired. Since then she has had noises in the ears, like bells or other ringing sounds; after steam whistles had ceased, would still hear them for a long time. Has a stopped up sensation in the ears, and more or less real obstruction in the eustachian tubes. She had also chronic hypertrophic catarrh of the nose and throat. Hearing for the voice not good; for the *watch*, right ear 8 inches, left 2 inches (normal distance of watch, 72 inches); *tuning fork*, at meatus, right 9 seconds, left 5 seconds normal 70 seconds); bone conduction diminished somewhat. Treatment was continued for several months with slow but steady improvement. The final test showed hearing for the *watch*, right 15 inches, left 10 inches; *tuning fork*, at meatus, right 30 seconds, left 20 seconds. Bone conduction improved also; she heard conversation very well and is still improving.

Case II. Male, aet. 25, mechanic. Consulted me May 11, 1893. Had measles when 10 years old, and following it more or less earache for a long time. Has had deafness and catarrh for many years. Voice is muffled. Examination of the drum showed redness, especially about the handle of the malleus. Eustachian tubes closed, and only slightly opened after repeated trials with the Politzer bag. More or less prickling pain in the ears, constant tinnitus, like ringing of bells, and vertigo when stooping. Hearing for the voice greatly lessened. *Watch* is heard only on hard pressure. *Tuning fork*, at meatus, right 28 seconds, left 30 seconds; on mastoid, right 5 seconds, left 10 seconds (normal 40

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seconds.) Six weeks later, hears the *watch* only on contact. *Tuning fork*, at meatus, right 37 seconds, left 35 seconds; on mastoid, 20 seconds each. Hears conversation better, and has tinnitus only occasionally. Treatment was kept up with gradual improvement for some time longer, but was discontinued without an opportunity of making a final test. It was an unpromising case in the beginning, and the improvement in bone conduction was especially marked and rather unexpected.

Case III. Female, aet. 21, bookkeeper. About eight months previous to consulting me, felt some discomfort about the throat. She has been hoarse at times, with a feeling of rawness and sense of constriction in the throat. About a month after she had noticed the throat difficulty, her hearing began to fail. There is slight ringing in the ears at times, with a noise like the "whirring of telephone wires," and a constant, very distressing pulsation in both ears. The latter is worse from various causes—cold in the head, stooping, ascending stairs, etc. In the nose, the left lower turbinated body is greatly enlarged, and a small spur is seen on the posterior part of the septum, opposite to and crowding the middle turbinated body. Hearing for the *watch*, right 40 inches, left 45 inches. For the *tuning fork*, at meatus, right 30 seconds, left 45 seconds. Bone conduction little, if any, changed. About four months later, examination showed considerable improvement. The *watch* was heard in each ear at 65 inches. *Tuning fork*, at meatus, right 48, left 55 seconds. On March 21 I cauterized the left lower turbinated body, preparatory to removing the septal spur. This resulted in marked benefit to both the nose and throat difficulty. This patient took treatment very irregularly, and infrequently much of the time, but after two or three months' treatment the roaring and pulsation returned only slightly at long intervals.

Case IV. Female, aet. 56. Hearing has not been perfect

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for years. About six weeks before, had what she called "grippe." Has had "roaring and fullness in the ears like after taking quinine" ever since. Both tubes were found to be open to the Politzer bag. She heard conversation poorly. *Watch* was heard at 12 inches. *Tuning fork*, at meatus, right 35, left 40 seconds; on mastoid, right 25, and left 28 seconds. After four or five treatments with the vibrometer the roaring ceased, and the *watch* was heard in the right 16, in the left 24 inches. This was satisfactory hearing to her, and she discontinued treatment for the time. About two months later she caught a severe cold and the ears were soon as bad as before. The cold disappeared but the ear trouble persisted. Finally she returned for treatment, when a few days again sufficed to give prompt relief.

Case V. Female, aet. 60. Thirteen years ago the right ear felt as though there was something in it that might be picked out. She had gradually grown deafer since then. Has roaring and pounding in both ears; worse when she is tired or nervous. Right eustachian tube closed; left open to the Politzer bag. Drums do not look greatly changed. Hears the *watch* on contact with the right, six inches with the left. The *tuning fork*, at meatus, right 8, left 18 seconds; on mastoid, right 12, and left 18 seconds. She took treatments more or less regularly during three months with some improvement for conversation and ordinary sounds, but none for the *watch*. For the *tuning fork* she showed a slight gain also; at meatus, right 23, left 25 seconds; at mastoid, 35 seconds each. Here again the change in bone conduction to near the normal was a marked result. The noises, too, were relieved. This case was not well adapted to the instrument, and consequently was not greatly improved.

Case VI. Male, aet. 43. Scrofulous diathesis. Deafness began 25 years ago with catarrh of nose and throat. Complains of constant nasal discharge and obstruction. Has "dead voice." Examination showed a septal spur and bony

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enlargement of middle turbinated on the left side. Both drums were greatly atrophied, the shining spot gone, and the bone very prominent. He complained of tinnitus like the hissing of steam, constant and very annoying, and occasional vertigo which made it difficult for him to go about the streets at times. Two weeks daily treatment entirely relieved the tinnitus and vertigo, and increased the hearing for the *watch* from one-half to two inches in the better ear. Recently I operated upon the nose, but it is too early yet to say what the result will be. He is very grateful for the relief from the tinnitus and vertigo, and will be quite satisfied if the hearing is not regained, as I trust it may yet be in part.

I have selected these because for various reasons they were particularly unfavorable cases, such as would be given little, if any, encouragement under former methods of treatment.

The conclusions I have reached after as careful observation as I have been able to give to it, are:

1. That for many of the annoying symptoms of ear affections, no treatment hitherto employed by aurists can compare with it in rapidity and thoroughness.

2. That it is a safe method, although I think it possible to overdo the matter in frequency and length of treatments.

3. That its usefulness is practically limited to subacute and chronic inflammatory diseases of the *middle ear*. But that it is also applicable to impairment of the *internal ear* when it is caused by, or is an accompaniment of, middle ear disease. It seems to me that the almost invariable increase in bone conduction under its use, must be attributed to its beneficent action. The internal ear and nerve possibly loses its acuteness from lack of stimulus, after it has received no impressions from without for a long time—just as in amblyopia ex anopsia we have impaired vision from non-use of the eye. As the drum and ossicles become loosened up and perform their functions, the internal ear recovers its wonted acuteness in receiving and recognizing sounds.

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4. That it is sufficient, unaided, in many instances to restore hearing, when the condition has become stationary or non-progressive. But in most cases, operative as well as medicinal treatment of the nose and throat, prrticularly, needs to be combined with it.

5. That there can be no fixed rule for the length of each treatment, nor the number and form of vibrations to be used in all cases. The nearest average that can be made is, perhaps, 15 to 20 minutes for each sitting; the vibrations slow and long during the first 5 to 10 minutes, and rapid and short during the remaining portion of each treatment; and the tone in harmony, as far as possible, with the sound of the patient's tinnitus, if he has any.

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Ophthalmological and Otological Clinic, Homœopathic Hospital of the University.

SERVICE OF PROF. D. A. MAC LACHLAN.

BY FRANK RICH, M. D.

During the present year, up to May 1, 1894, there have been presented in Prof. MacLachlan's clinic, the following cases:

Senile cataract	3	Epiphora	2
Juvenile cataract	12	Phlyctenular keratitis	2
Traumatic cataract	4	Corneal ulcer	2
Follicular conjunctivitis	1	Paralytic strabismus	3
Traumatic conjunctivitis	1	Convergent strabismus	7
Catarrhal conjunctivitis	10	Trachoma	3
Foreign body in eye	2	Anterior synechia	2
Iritis	3	Corneal opacity	7
Irido-choroiditis	2	Pterygium	3
Retinitis	10	Pannus	2
Retino-choroiditis	2	Ptosis	2
Retinal hæmorrhage	1	Disease of optic nerve	1
Retinal congestion	111	Ectropium	2
Rupture of choroid	1	Muscular asthenopia	2
Ossification of choroid	1	Accommodative asthenopia	2
Blepharitis marginalis	4	Hypermetropia	24
Amblyopia	2	Hyperopic astigmatism	7
Amaurosis	1	Myopia	4
Chronic glaucoma	1	Myopic astigmatism	2
Acute glaucoma	2	Sympathetic ophthalmia	7
Dacryo-cystitis	1	Anterior staphyloma	2

Impacted cerumen	3	Adenoid growths	4
Chronic otitis media	28	Enlarged tonsils	8
Eczema of ear	5	Defective speech	1
Otorrhœa	4	Septal spur	20
Otitis interna	2	Atrophic rhinitis	3
Aural polypus	1	Chronic nasal catarrh	2
Internal ear disease	1	Perforated septum	1

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Deflected septum	4	Elongated uvula	3
Hypertrophy of turbinated bodies	7	Chronic laryngitis	2
Chronic naso-pharyngeal catarrh	28	Chronic aphonia	2

The following operations have been performed:

Enucleations	8	Tonsillotomy	7
Iridectomy	3	Elongated uvula	4
Strabismus	2	Adenoid growths curetted	4
Cataract extraction	3	Posterior sclerotomy	1
Anterior synechia	1	Paracentesis of anterior chamber	3
Septal spur	8		

A number of operations cannot be tabulated on account of incomplete records. In the above lists the following cases are of more than ordinary interest :

Case I. *Ossification of the Choroid.*—Mr. B., aet. 47 years, a laborer, entered clinic February 27, 1894, with the following history: Eighteen years ago he had received a blow on the left eye which set up severe inflammation and glaucoma. He was at that time treated by Dr. Frothingham. Since then he had had two attacks of acute glaucoma in the injured eye, one six years ago, and the last one two weeks previous to his coming into the hospital.

Examination showed the left eye to be severely congested and very painful. A clearly cut ulcer had made its appearance in the center of the cornea, and there was evidence of hæmorrhage in the anterior chamber. Tension +. Vision had been lost from the day of the injury.

The right eye showed decided signs of sympathetic irritation, the retina being congested, with lachrymation and photophobia. Vision 20-40 Hm. + 1.75 D. S. The general condition of the patient was fair.

Dr. MacLachlan advised enucleation, and the operation was performed under an anæsthetic, the A. C. E. mixture being used.

On examination of the ball it was found that the chloroid

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had undergone ossification throughout its posterior half. The lens had undergone calcareous degeneration. The retina was almost completely detached and was pushed forward to the lens, extending like a rope across the vitreous chamber.

The eye was dressed antisepticly and the dressings changed twice daily. The patient made a good recovery and in due time was fitted with an artificial eye. The proper lens was prescribed for the right eye, and the patient was discharged cured.

Case II. *Amputation of Tonsils, with Secondary Hæmorrhage.*—Mr. M., aet. 19, a laborer, came to the hospital October 14, 1893. He had had scarlatina when two years old, and since that time there had been an offensive otorrhœa from the left ear.

Examination of the air passage showed a chronic catarrhal condition, with enlarged and cystic tonsils, and the eustachian tubes not fully open to the Politzer bag. The lower turbinated body on the right side was hypertrophied and the septum deflected to the left.

The left meatus was filled with a thick, white discharge, which was cleansed out with a solution of sodium bicarbonate. Examination with the speculum revealed a polypus growing from the middle ear, passing out through a perforation in the upper anterior fourth of the drum, and extending outward almost to the external meatus. The meatus was inflamed and sensitive.

The right meatus was found to be filled with a plug of cerumen and epithelium. The mass was dissolved out by syringing with a warm solution of sodium bicarbonate, and after thorough drying with absorbent cotten, filled with impalpable boracic acid powder.

After thoroughly cocainizing the left ear, the polypus was snared off and the base touched with chromic acid. It was dressed twice daily with aristol, packing the meatus full of the powder. The base was twice afterward cauterized with

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chromic acid and it finally disappeared. Some discharge still persisting, the ear was subjected to the digestive ferment treatment advanced by Dr. R. S. Copeland, which stopped the trouble.

On November 24, 1893, Dr. MacLachlan removed both tonsils. That evening secondary hæmorrhage took place on the right side. The patient proved to be a subject of hæmophilia, having bled profusely at various times in the past from very slight cuts or injury. He fainted from loss of blood before the hemorrhage could be stopped, which was finally accomplished by compressing the bleeding point.

The left tonsil healed nicely, and there was no further trouble until two weeks later, when secondary hemorrhage again occurred on the same side as before, and was even more difficult to control than in the former attack. Measures such as were previously employed to check it proved efficient, however, and from then on the patient improved steadily. His nose and throat were treated with sprays, and the ears dressed daily, the right with boracic acid and the left with aristol.

On February 16, 1894, his hearing on the right side was normal, and on the left side much increased, with the discharge from the meatus entirely cured.

The interesting feature in the case was the secondary hæmorrhage, which is a very rare sequence of amputation of the tonsils. No anæsthetic was used except a little cocaine applied to the throat to prevent gagging. The tonsil on the right side, which was afterward the site of the bleeding, was removed with the tonsillotome, and the left with the bistoury.

The hæmorrhage resisted all ordinary measures in the hands of the assistants, and it appeared altogether probable that the patient would have bled to death had not more positive measures been adopted. The very common mistake of applying iron as a styptic was made by the assistants in the beginning of the first attack, which not only proved very an-

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noying and painful to the patient for some time after, but also greatly increased the difficulty of reaching the bleeding point at the time.

Case III. *Nasal Spur with Weak Eye Muscles.*—Mr. F. came into the clinic February 17, 1894, complaining of eye trouble of long standing. Examination showed him to have hypermetropic astigmatism, the latter with accommodative and muscular asthenopia, affecting the inner muscles more especially. He was exceedingly nervous and excitable, and his general condition was not good. On looking into the throat and nasal passages there was found to be a chronic catarrhal condition with a septal spur on the left side anteriorly opposite the lower turbinated body nearly closing the nostril and irritating by pressure.

Treatment was directed toward relief of the catarrh, and suitable sprays were prescribed. The proper glasses were fitted to correct the error of refraction and the internal recti muscles were exercised daily with prisms.

On April 14 the septal spur was removed by means of the trephine, the wound being dressed by blowing in iodal powder and packing the nostril with cotton pledgets. Cocaine was used locally as an anæsthetic. The dressings were changed daily and in a short time the point entirely healed.

After the operation the catarrhal difficulty was wonderfully alleviated, and on May 11 he was discharged. His eyes had improved also, and he could read now with perfect comfort.

The case is valuable as illustrating the advantage of exercising the recti muscles in certain classes of cases instead of the somewhat common practice of prescribing prisms for their relief, and it also shows the possibility of helping eye troubles to a variable extent by curing abnormal conditions in the nose.

Case IV. *Chronic Otorrhœa.*—Mr. H., aet. 45 years, a farmer, came to the hospital March 2, 1894. He had been deaf since two years old, and had a history of chronic and

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very offensive otorrhœa. He had been at the Allopathic hospital two years ago, where, after a course of treatment with sprays, he was advised to discontinue his efforts for relief and to leave the ears alone, as "they could not be cured, and meddling was dangerous."

Examination showed a catarrhal condition of the nose and throat with enlargement of the posterior part of the septum and a large spur on the right side. Both drums were perforated and the membranæ tympani nearly gone on both sides. The discharge from the ears was thick, yellow and exceedingly offensive (sour odor.)

He was given silicia internally at first and later this was changed to mercurius dulcis. Locally the ears were treated with the digestive ferment (the glycerole of pepsin, as advocated by Dr. Copeland) for three weeks, after which the discharge having ceased they were filled every second day with aristol and impalpable boraric acid powder. The nose and throat were sprayed daily and the ears inflated with the Politzer bag to keep the eustachian tubes open.

On April 10 the otorrhœa had stopped entirely and his hearing very greatly improved in both ears.

It is interesting as another case showing the value of the digestive ferment treatment together with the indicated Homœopathic remedy in chronic purulent otitis media; especially since it had been given up by physicians of the old school as hopeless and incurable.

Case V. *Incised Wound and Sympathetic Ophthalmia.* —F. W., aet. 46, farmer, admitted to hospital February 27, 1894, was stabbed in the face by a butcher-knife December 20, 1893. The knife entered over the molar bone, about an inch below the lower lid of the left eye, passing upwards, the incision leaving a transverse scar about three-fourths of an inch long. At the time, and until he came to the clinic, it was thought that the knife had not wounded the eye, as there were no external signs of it. The wound on cheek healed

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promptly, but the eye became and continued red and painful.

When he entered the hospital it was still slightly red, somewhat painful, with profuse lachrymation and discharge of mucus. Sight was entirely gone. There was not as much pain as formerly, but it seemed deeper. Tension was lessened. The globe was shrunken and did not move freely upwards, being apparently bound down by adhesion deep in, back of the conjunctival juncture. The right eye was very sensitive to light, and the ophthalmoscope revealed more or less congestion and evidences of sympathetic irritation.

Prof. MacLachlan advised excision of the injured eye, saying that he thought the knife had penetrated the eye, and that it was thoroughly disorganized. It was removed under ether. The tissues were found to be firmly adhered to the lower part of the globe, and a transverse linear cicatrix on the under side of the globe proved that the knife had entered the eye deeply, as was anticipated. The right eye made a good recovery and patient was discharged.

Case VI. *Retinal Hæmorrhage.*—F. C. J., male, aet. 28, machinist, admitted March 10, 1894. Thirteen years ago patient had trouble with the eye. Consulted Dr. Agnew, of New York, who pronounced it "hæmorrhage into the posterior chamber of the eye." The eye cleared up then in about three months. Had another attack two years later, another in two months, and another in about three months, all of which cleared up after a few weeks. Last Thanksgiving day had another hemorrhage, and three weeks ago the sixth and last attack occurred. The vision is clearing again, and the eye shows little signs of disease externally.

When an attack comes on he sees what "appears to be a mass of fine worms before the sight, which gradually spreads out and covers the vision like a cloud." At times he has pain in the eye which shoots back into the occipital region. Occasionally he has epistaxis also.

With the ophthalmoscope the fundus is seen indistinctly,

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but there are traces of former hemorrhages as well as recent. The internal recti muscles are weak.

He is wearing glasses—R. + 4 D S., L. + 1.25 D S. ⌣ + 51 D C. ax 80° —which seems to correct his refractive error. Vision at the time of admission was, R. 6-60, L. 6-18, which was increased by his glasses to 6-36 and 6-12 respectively. He had taken during and following every attack a prescription by Dr. Agnew of iodide of potash in moderate doses, and had come to rely very fully upon it.

He was on his way east at the time, hence was not seen again. Prof. MacLachlan pronounced it a case of idiopathic retinal hæmorrhages. There was no history of injury, and no signs of scrofula or other dyscrasia as might be expected to exist. He was a man of fine physique, and otherwise in perfect health.

Case VII. *Perforating Corneal Ulcer and Resulting Anterior Synechia.*—K. B., female, aet. 7, admitted Dec. 5, 1893. In April, 1893, she had chicken-pox, and two white spots came on the cornea of the left eye. They were small at first, but became larger until the eye was blind. Could see little until Nov. 4th. Eyes were very weak.

On entering the hospital, the eyes were very painful, red and sensitive to light. Her face was covered with scabs. The lids were red, thickened and sore. She constantly pressed the eyes with her hands, and when in bed, lay with her face down and pressed upon the pillow. There was an opacity at the lower and inner part of the left cornea, near sclero-corneal junction. Behind this the iris was adhered to the cornea.

An atropine lotion was prescribed, with a two-grain ointment of yellow oxide of mercury. Protoiodide of mercury internally. Later she was given cod liver oil in milk as a food, and the atropine lotion changed to eserine, two grains to the ounce.

In January the adhered iris was loosened by a round-pointed delicate knife, devised by Mr. Lang, one of the sur-

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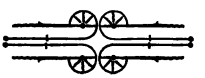
geons at the Royal London Ophthalmic Hospital. A small incision was made by the keratome, through the cornea on the side opposite the adhesion, for the introduction of the knife. The eye improved rapidly, so that vision was increased to 6-12 and the inflammation and photophobia enterely gone when she left the hospital.

Case VIII. *Defective Speech with Hypertrophied Tonsils and Adenoid Growths.*—W., male, aet. 20, admitted Nov. 21, 1893. Has immensely enlarged tonsils and adenoid growths in the naso-pharynx. His speech has always been very defective, it being very difficult to understand what he tries to say. Voice is muffled and nasal, and consonants scarcely at all articulated, showing that the functions of pharynx and nose, at least, were almost entirely unperformed. He is quite intelligent and thinks quickly. The nose is obstructed, and he has been a "mouth-breather" since he can remember.

Inspection showed hypertrophied tonsils, and by rhinoscopy the naso-pharynx was seen to be full of soft, glandular tumors, completely closing the posterior nares. The tonsils were amputated with the MacKenzie tonsillitome, and the adenoids removed with the Cohen's post-nasal forceps. Patient left hospital before healing was complete, and the ultimate effects upon the speech have not been learned.



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SOME CONSIDERATIONS ON THE TREATMEMT OF PURULENT INFLAMMATION OF THE MIDDLE EAR.

R. S. COPELAND, M. D., BAY CITY.

For convenience we may make this classification in chronic purulent otitis media: simple chronic and complicated chronic.

By "simple chronic" I mean those persistent, long-standing cases where neglect or bad treatment has allowed an acute inflammation of the middle ear to pass over into a simple chronic inflammation, analogous to such inflammation of mucous surfaces in other parts of the body. Likewise, as such inflammations elsewhere are first characterized by hypertrophy of tissue, which afterwards becomes atrophied, so in the ear. The blood supply is limited, and directly we find breaking down of the tissue covering the ossicles, particularly the malleus and incus. Extension of the ulcerative process to the periosteum of the little bones causes them to become denuded of nature's covering, and the next step, as with their larger fellows, is caries. Allowed to progress, the disease may eventually reach any, and in extreme cases all, of the bony structures about the middle ear. Where we find actual solution of continuity, the case becomes, under our classification, complicated chronic.

This gives enough of pathology for the purpose of this paper, and, without further introduction, we may proceed at once to a consideration of treatment.

In acute cases keeping the ear cleansed and the administration of the indicated remedy will usually cure. The mistake often made in these cases, in my judgment, is that the prescriber confines his study to too few remedies. Usually the only ones thought of are hepar sulph., silica and mercurius. I can see no good reason why one of these three remedies must be indicated in every case. The practitioner, who is ever on the alert to study general conditions, is often more successful

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in the choice of his internal remedy for acute suppuration than the specialist, who more frequently deals with the disease in its most chronic form where symptoms are few and far between. I am convinced that the specialist too frequently resorts to local measures alone, and gives himself and his patients needless trouble, simply because he neglects to observe and prescribe upon general conditions. This may be a trite saying, but I find myself so often falling into routine practice in the treatment of these cases, that I feel it will do to repeat the warning. I am really sorry that we draw such a sharp line between local and internal medication. It is usually the case that any given physician holds to the belief that the indicated remedy is alone needful and local methods are unnecessary and, indeed, harmful, or the reverse is true. Our text-books give local measures most space, and then say, "for internal remedies compare hepar, silica, etc." It seems to me that we should forget local conditions, except as they are guides to the remedy, and first study our patient with a view of choosing a remedy on the "totality of symptoms." After that point is thoroughly and definitely settled, and not till then, may we with safety consider local measures.

The old method of treating surgical cases was by open dressing and frequent cleansing; results were not good. Now, scientific surgery applies dry dressings and air exclusion; results are good. Likewise, the old way of frequent syringing and application of oils and ointments in the treatment of suppurative otitis was unsatisfactory. Better, the careful wiping of the ear with absorbent cotton, and the application of impalpable powder of boracic acid, as more lately recommended. I do not care to take your time with questions or methods already well known, so enough on this point.

Chronic cases are more puzzling, and frequently baffle every effort. Where a patient for months resists treatment, in my opinion, the chances are there is some serious constitutional dyscrasia. If a child, I should suspect a tendency to

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phthisis. It is in the simple chronic form of suppurative otitis where, in my experience, most dependence should and must be placed upon the internal remedy. Our materia medica, with its infinitude of resources, gives us an immense advantage over other schools of practice; so, if we remember the old maxim, "treat the patient and not the disease," we may accomplish wonders.

Without stopping to comment further on the simple chronic form, I wish to call your attention to the cases which are complicated in their chronicity. As you remember, under our classification, these are cases where there is necrosed or carious bone.

Burnett, in his late work, makes this statement: "If antisepsis (and I will add *similia* R. S. C.) fail to check chronic purulency in the drum cavity, it is irrational and contrary to the teachings of modern surgery not to remove the necrotic element." The same author recommends excision of the membrana tympani and ossicula, and this, I believe, is the generally accepted method of dealing with such cases.

The operation of excision necessitates general anæsthesia, good light, delicate instruments and skill in their use. Not every patient with this disease, even as last resort, will submit to chloroform or ether; nobody but a specialist can perform the operation. More than this, even where excision of the ossicles is skillfully done, there is more or less inflammatory reaction. The patient is subjected to the danger of extension of the inflammation and serious results. Conservatism in surgery is the golden rule of practice, and if we can find a safer method of removing the dead tissue, we should employ it.

In the Medical Century of last December, I called attention to the use of a surgical solvent in these cases. Since the appearance of that article I have noticed the reply of Dr. Bryson, who claims that the late Prof. Liebold made use of a digestive ferment, although of a different nature, in the treat-

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ment of similar cases. I have not taken the trouble to investigate his statements, which I have no doubt were made kindly and with a knowledge of the facts, because it makes no difference to me, and certainly not the profession, who first applied the principle. So far as I knew, mention of a surgical solvent in this disease had never been made. If Prof. Liebold and others have used this treatment, it is a matter of surprise to me, that the idea has not become generally known and acted upon. The reason why, probably, is because the remedy was not indicated in many of the cases where applied, so failure to relieve the patient has discouraged further investigation. In my judgment, a digestive ferment is of no use whatever in suppurative otitis except there be *actual death of tissue* as a complication of the disease.

In the use of a digestive ferment, the method of procedure is about as follows: After clearing out the ear carefully, with an antiseptic solution, and completing the cleansing process with a few drops of peroxide of hydrogen, the chosen solvent is applied.

Any form of *pepsin*, *extract of pancreas*, or *papoid*, diluted properly, I presume will do the work, but I have used almost exclusively the *glycerinum pepticum* of Fairchild. I prepare the ferment according to the manufacturer's formula as follows: In a test tube heat a half ounce of water to about 115 degrees F., with this mix one-half drachm of *glycerinum pepticum* and two drops hydrochloric acid c. p. (8 drops dilute acid U. S. P.)

Place the patient in a comfortable position and fill the external canal with the solution. Allow it to remain half an hour, and at the end of this time the liquid will usually be thick and black. Syringe the ear carefully, wipe it dry with bits of absorbent cotton, and insufflate the cavity with boracic acid. In four or five days repeat the process. Ordinarily the ear will remain dry, sweet and clean after the second or third treatment.

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After an experience of nearly a year with this remedy I am convinced it is invaluable in the treatment of these heretofore unsatisfactory cases. I realize that many disappointments will arise in its use, but it is also true of other remedies that unless indicated they are failures. Its field of usefulness is limited, but in its field a digestive ferment will be found of great value.

In closing let me beg of you not to neglect these cases of "running ears" met so frequently in practice. It is in their acute stage where there is every prospect of a cure, and the longer they run the more serious they become. This disease is not "outgrown" and there certainly must be a decided drain upon the system in every case, even though life may not be lost through the fatal complications which ever threaten, like the sword of Damocles.

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REFLEX PATHOLOGY.

D. M. NOTTINGHAM, M. D., LANSING, MICH.

By reflex pathology we mean a pathological condition which has for its origin some particular irritation affecting the sympathetic nerve or tissue supplied by it, either near or remote to the local manifestation.

This condition is dependent upon the peculiar relation of organs supplied by this nerve, the law seeming to prevail that a disturbance of any part of the nerve disturbs to a greater or less degree the whole system. In other words, if a disarrangement of any of the parts supplied by this system occurs, even if it be of seeming little importance, yet it is likely to affect other parts, and most likely the more important ones first.

The factors concerned in producing reflex disorders are, in kind, those which are needful for the production of a reflex action, although in the fomer case the cause may act for a long time, or with unusual intensity. In each we must have first, an afferent impression resulting from the influence of a foreign body, or a pathological state, acting as an irritant upon afferent nerves, either in some part of their course or in their peripheric sites of distribution, whether such sites be upon the surface of the body or upon some internal distribution of the nerve. In some cases painful impressions may be present, while at others they may be partly or wholly absent. In some instances mental emotions may take the place of peripheric impressions and incite abnormal reflex phenomena.

Again, we may observe that afferent impressions, either painful or not, produced by an irritant or pathological state, may pass from the nerves conveying them through a related nerve center and then be reflected along one or other set of efferent nerves, so as to produce effects of disorder.

Thus we may see the effects of these reflex phenomena upon

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glands and muscles by modification of secretion of former, and the production of spasmodic contractions in the latter, whether of the voluntary or involuntary type.

We find the efferent nerves of the sympathetic system distributed to the involuntary muscular fibers throughout the body. We also find one coat of every tube in the body to be a layer of muscular fiber supplied by some part or branch of this nerve. All solids or liquids are passed along their course through blood vessels, digestive and respiratory tracts, the ducts and various glands, by certain vermicular motion, this motion being the product of alternate action of constriction and shortening of the muscular layers of the tubes.

We find the whole sexual system connected to the other parts of the body by this same sympathetic system, thus establishing a relation between these organs and other organs of the body so close that any change in the normal condition of the former sooner or later produces its effect upon the latter.

We find all the lower openings of the body guarded by sphincter muscles, and these muscles in part supplied by the sympathetic nerve, and irritation or abnormal change affecting these muscles or openings will be followed sooner or later by like pathological changes in parts or organs remote from these orifices.

For example, a patient may suffer from a severe irritation of the stomach and yet the cause be reflex, the prime cause being an irritable sphincter or other irritation at openings of the body reflecting upon the stomach. The assimilation of food may be very imperfect and yet be the result of some irritation or inflammation affecting, primarily, an ovary, uterus or urethra. As we study more closely the intimate relations of the organized human body, we must study it as a whole and learn that there can be no irritation of a part without affecting the whole in a greater or less degree.

The study of irritation and its reflex results is one of exceeding interest, and when we consider especially the rela-

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tions of orificial irritations to chronic suffering in its various forms, it becomes a subject of magnitude and great importance.

Generally speaking, reflex troubles are not recognized as they should be, and are of much more common occurrence than generally believed. In fact, we have these peculiar phenomena to deal with in almost every disease we meet, whether acute or chronic, and our ability to recognize and study them will depend upon our knowledge of and familiarity with the sympathetic system.

There is no doubt of the fact that where there is reflex irritation there is also reflex congestion, this applying to structures supplied by either nervous system. Instances may be cited of this in mumps where the irritation leaves the salivary gland and attacks the ovaries or testes; the congestion also being transmitted. A patient having some form of uterine irritation or congestion often ceases to be conscious of any local disturbance whatever, but suffers intensely from cerebral, spinal or other distress remote from the cause of pain, the congestion following the line of irritation.

Many times we find that severe local lesions sufficiently irritable to make the patient conscious of their presence are not accompanied by reflex irritation as are others less severe in their local manifestations, and as soon as they are corrected the patient is perfectly well. But in lesions where the patient is unconscious of local disturbance, and often no symptoms can be elicited of local irritation, upon a thorough examination, we find a previous condition of irritation and congestion of these parts has been transferred from them to other parts by metastasis.

Clinical experience teaches us that the rule announced by Dr. Pratt that the "irritation of an organ begins at its mouth," is practically true, and many times do we find an irritable stomach, heart, bowel or other internal organ relieved or cured by first relieving an irritation at some opening of the body.

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This being true, the mouths or opening of the body should be carefully looked after, especially in any form of chronic disorder.

We find these mouths usually guarded by two separate muscles, one a voluntary and the other an involuntary; the latter supplied by the sympathetic nerve and the former by the cerebro-spinal system. This is especially true with the male and female urethra and rectum.

These two openings are, and must be, in constant operation, and it matters not with what amount of irritation they may be affected, it is impossible for them to be "laid up for repairs."

This constant use, causing dilitation and contraction of an already irritable muscle, must necessarily increase the degree of irritation. Thus we have a condition of irritation which produces contraction and an increase of contraction which increases the irritation.

This irritation is reflected through the sympathetic and vasomotor systems to other organs, producing in them a condition similar to that existing in the local muscle.

It is not in the province of this paper to enter into the subject of treatment in these cases, but to call the attention of the profession to these pathological conditions, and if possible, elicit your interest in the subject of more thorough study of the reflexes. That they enter into the cause of disease, both acute and chronic, there can be no kind of doubt.

That a thorough knowledge of the metastatic effect of disease through these two great nervous systems is of growing importance, as we learn more of the physiological effects of irritation, is very apparent to all observers.

A tear at the mouth of the uterus or at the perineum is just as likely to produce pathological changes in other parts through the reflex system as is a rusty nail in the sole of the foot, differing only in kind.

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When we see cases of insanity, epilepsy and other severe and serious nervous disorders cured, and the patient and friends made happy by operations upon the prepuce, clitoris, urethra, vagina, rectum or other openings of the body, we feel that the study of the reflex becomes one of greater importance than it has heretofore been considered.

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NEOPLASMS FROM A PATHOLOGICAL STANDPOINT.

E. P. FELCH, M. D., GRAND RAPIDS.

When invited by the chairman of the bureau of pathology to read a paper before this honorable body, I hesitated long before accepting. Pathology is a subject of such magnitude, upon which so much time and labor have been spent, and about which there is such a diversity of opinion, that one feels that he is treading upon dangerous ground in attempting to present anything upon the subject. But in the whole subject there is probably no one branch which has received more attention than neoplasms or new growth, the subject of this paper.

For the purpose of clearness allow me to cite a definition of a neoplasm.

A neoplasm is a new growth starting from pre-existing tissue and always following the type from which it springs, but sometimes proceeding to a higher type; always, however, following the law known as the specific nature of tissues. That is to say, a new growth starting from a fibrous tissue might become cartilage, but could never form epithelium.

This definition excludes all inflammatory new growths and others as syphilis, and is according to Prof. Gibb's pathology.

Should I attempt a discussion of neoplasms, taking each one separately, it would require the entire time allotted to this convention, and would be neither interesting nor profitable. Such is not my intention, and I desire to call your attention to two neoplasms, which I think will be admitted by all to be the most important, viz.: Carcinoma and sarcoma.

To the average mind the mere mention of carcinoma, or cancer, as it is commonly called, strikes terror to the heart. It seems to be, above all others, the most dreaded of all chronic affections, consumption not excepted. So well does

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the physician know this that the conservative practitioner will be extremely cautious about saying anything which will lead his patient to suspect such a thing until he has made sure of his diagnosis. Such an impression does the idea of cancer produce on the average person that they will search far and wide for a cure, and the "cancer doctor" is hailed with delight. Such being the state of things, is it not our duty to study the subject and understand it to the best of our ability ?

Much credit is due the pathologist and morbid histologist for the advance made along this line.

While much may be learned from a clinical study of these new growths, yet their progress is so different in different cases that I think it will be admitted that it is by means of the microscope that we are to learn the most, and in many cases it is the only sure method of confirming a diagnosis. It is to the patient, earnest toiler of the pathological laboratory that we are indebted for the little knowledge we have. No one will deny that to intelligently treat disease he must understand it as far as possible, and so with these new growths, it seems to me that we ought to understand their manner of growth.

Of the clinical signs and symptoms of these growths it is not my purpose to speak, but of their morbid appearances and the conclusions to be drawn therefrom, I wish to discuss. I am of the opinion that sarcoma is fully as important as carcinoma, the reasons for which will be given later in the discussion.

At the outset it may be well for us to recall from what structures we may expect to find a sarcoma, and from what a carcinoma; so at the risk of wearying you with details, I will state that from the epiblast and hypoblast are developed the three nervous systems (central, peripheral and sympathetic), the epithelium of the membranous labyrinth, nasal fossa, alimentary canal, trachea, bronchi, air cells of the lungs, generative and urinary apparatus, pleural peritoneum, also the

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cells of the liver and pancreas, and the skin and its appendages and the thyroid.

From the mesoblast are developed the muscles, bones, cartilage, connective tissue, blood vessels, lymphatics and their lining endothelium.

Carcinoma has its origin from tissues derived from either the epiblast or hypoblast and never from the mesoblast, so that we may not expect to find a cancer starting from a muscle or bone.

For our present purpose we will divide carcinoma into two principal divisions, viz.: Epithelioma and glandular carcinoma. Of the epithelioma we will make also two divisions, viz: Squamous and columnar. As the name would indicate, the squamous variety starts from locations where this kind of epithelium is found. The function of this epithelium is always to protect, thus giving this kind of cancer no power to secrete, as is the case with the glandular variety, according to some opinions. These cancers may occur wherever this epithelium is found, e. g., the tongue, the os uteri, the epidermis, etc.

If we will keep in mind the locations of this variety of epithelium and the method of growth of this kind of cancer, it ought to aid us in making a diagnosis and forming an opinion.

I desire to call attention to the manner of growth of the squamous variety. It returns to the fœtal condition. It is the interpapillary processes which are first affected by the cancerous influence and these, instead of growing upward, like normal epithelium, grow downward into the cutis. This growth is a wild and irregular one, having no definite aim.

After a time these processes become smaller and smaller until they become only a few cells in thickness. These grow in every direction, and in a longitudinal section with a branch growing at right angles it shows the circular arrangement—the so-called epithelial-nests.

As to the causes bringing about these conditions we know little. Long continued irritation will sometimes do it, but

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why an irritant will in one case produce a corn, which is an upward growth, and in another a cancer, which is just the reverse, is a matter not yet settled.

The matter of secondary growth may receive attention at this time. These cancer cells are, like normal epithelium, held together by an intercellular cement substance, and they also have prickles or small projections as can be seen in well stained specimens under the microscope. On account of this fact this will go on, many times, for a long time as a primary growth.

After a time, however, one of these becomes detached, and getting into the lymph stream is carried until it encounters some obstruction where, owing to the power cancer tissue has of reproducing itself, it divides and a new growth is started. What is to be concluded from this?

1st. Epithelioma is a comparatively slow growth.

2d. If we would remove all the tissue we must operate early, and

3d. If we do operate early we stand a fair chance of exterminating the growth. The need of an early diagnosis can not be too strongly insisted upon.

The second division of epithelioma or the columnar has the same peculiarity in its manner of growth as the one just discussed, in that it follows the fœtal type. It grows outward.

It is frequently found in the pyloric end of the stomach and in the rectum. It may be found anywhere where this kind of epithelium exists. This growth starts from a simple secreting cell and forms a growth similar in form to the structure from which it starts. These cells increase, and the result is a number of tubes, some branched but keeping the same general arrangement. The direction of this growth is outward; that is, it follows the fœtal type. These also will produce secondary growths and are liable to undergo colloid degeneration, constituting the so-called colloid cancers.

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We come now to the second main division of the carcinoma, viz.: the glandular. This is divided into scirrhus and encephaloid. These differ from the epithelioma in that there is no return to the foetal condition as regards their manner of growth. They consist essentially of a mass of cells supported by a stroma of fibrous tissue having the usual arrangement. These cells vary greatly in size and have large oval neuclei. The slower the growth the more stroma there is in proportion to cells. The cells are in direct connection with the lymph channels.

The principal difference between the encephaloid and the scirrhus is in the proportion of supporting tissue to cells and in the rapidity of the growth. The encephaloid, as the name implies, is a soft mass, having large cells with comparatively little supporting tissue. The scirrhus are remarkable for the large amount of fibrous tissue they contain, it being so great in some cases as to much resemble cicatricial tissue.

In some old cases this fibrous tissue has formed to such an extent as to nearly destroy the cancer cells.

The blood supply of these tumors is furnished by vessels which run, not in contact with the cancer cells as in sarcoma, but in the stroma.

As to secondary growths, it is well known that they do occur, and there is good evidence to show that the nearest lymphatic glands may contain cancer cells before any enlargement can be felt, showing the need of an early diagnosis. I have thus dwelt at some length on carcinoma because of its importance. I will now give attention to sarcoma, which is of no less importance.

Sarcoma is a growth having its origin from tissues developed from the mesoblast. There are many varieties, but they all agree in being composed of a mass of cells connected by an intercellular cement substance and having blood vessels running in direct contact with the cells.

The blood vessels are formed in the usual manner and not

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from the sarcomatous cells as is claimed by some pathologists.

In general it may be said that the sarcoma have no fibrous stroma, but in a few instances a few trabeculæ have been found, but these are not constant.

There are three principal varieties—round celled, spindled celled and myeloid. In addition to these, there are the melanotic, alveolar, glioma and lympho-sarcoma.

From a study of these neoplasms it would seem that when the influence, whatever that may be, acts upon a part, it influences it in such a manner that it undergoes a change by which it goes back from adult to embryonic tissue, i. e., to a mass of cells having no definite structure. Many of these cells are very large and have large oval neuclei.

Time forbids speaking of the different varieties of sarcoma, but allow me to direct your attention to a few general considerations concerning both sarcoma and carcinoma.

First. As to general and local infection. I think it may be said that carcinoma is not locally infective, because it grows among alien tissue, and if entirely removed will not recur, while sarcoma being of a mesoblastic origin, is locally infective and may, and many times does, recur. Infection of the nearest lymphatic glands in carcinoma is many times quite early, with perhaps the exception of squamous epithelioma which may be comparatively late, owing, as we have seen, to the peculiarity of the cells.

General infection from carcimona is usually quite late, which is also true of sarcoma. Sarcoma is a growth more often of early life, while carcinoma occurs in middle or late life. Sarcoma grows more rapidly than carcinoma.

There are certain features common to both as regards malignancy. They both grow at the expense of the tissues in which they are found. They both reproduce themselves as secondary growths, which growths have the same destructive power as the original growth. They both tend to destroy life.

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Now allow me to recapitulate by way of comparison:

Carcinoma is derived from the epiblast or hypoblast.	Sarcoma is derived from the mesoblast.
Carcinoma possesses a fibrous stroma.	Sarcoma has no stroma.
In carcinoma the blood vessels run in the stroma and not in contact with the cells.	In sarcoma the blood vessels run in direct contact with the cells.
Carcinoma has lymphatics in the stroma.	The sarcoma has no lymphatics.
Carcinoma is not locally infective.	Sarcoma is locally infective.
Carcinoma is a growth of middle or late life.	Sarcoma is a growth of early life.

As to the cause of either sarcoma or carcinoma, I think it may be said that nothing is positively known. There are quite a number of theories, three of which I will mention, but not discuss. The theory of "embryonic remains" is one which is held to by some pathologists. Another theory is the one of the "lack of physiological resistance," and still another is the parasitic origin, though I think this has been advanced only in reference to carcinoma. While there may be some evidence to support these theories, yet I think that no one of them has been proven beyond a doubt to be the cause.

I believe that sarcoma is as important and deserves as much attention as carcinoma, because

1st. It is without a doubt locally infective.

2d. The cells are in direct contact with the blood vessels, rendering the person full as liable to growths in distant parts. This fact also has an important surgical bearing in reference to operating.

3d. As experience has shown, it is much harder to remove all of the diseased tissue.

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4th. It is as rapid, if not more rapid, in its growth, and

5th. It will as surely destroy life if allowed to remain.

From the pathologist's standpoint it would seem that if the surgeon understands these tumors, their manner of growth, the way they are propagated, and the results which will follow if these are allowed to remain, he would be better able to handle them.

The object of this paper was not to instruct as to the best methods of preparing the growth for examination, neither was it to discuss each neoplasm in detail. In other words, it was not to present a treatise on pathology, but it was to point out some of the chief characteristics of these neoplasms.

If I have succeeded in directing your attention to the subject of new growths, especially to some of the most important ones, and the need of understanding them, I have accomplished all that I hoped to do.

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OSTEOMATA: REPORT OF A RARE CASE.

C. S. MACK, M. D., ANN ARBOR.

Tissues from which osseous tumors may arise are bone, periosteum, cartilage and connective tissue apart from bone.

Homologous osteomata or *exostoses* grow from pre-existing bone—either from its periosteum, or from the articular cartilage, or (least frequently) from the medulla. Those growing from periosteum are commonest on the skull, either its inner or its outer surface. They occur also on the scapula, the pelvis and the jaws. The exostoses growing from cartilages are at the end of long bones.

In contrast with these homologous osteomata or exostoses we have heterologous osteomata or osteophytes. The foregoing classification is based upon Green's Pathology and Morbid Anatomy. Of heterologous osteomata he says: "Such formations of bone are sometimes met with in the neighborhood of diseased joints, and of diseased bone in other situations, in tendons, in the cartilages, in the bronchi, in muscle, in the arachnoid and pia mater, and even very occasionally in the lungs and brain. They must be distinguished from calcareous deposits, in which there is no new formation. (See 'Calcareons Degeneration.')"

I take it that these osteomata in muscular or soft tissue not connected with bone are quite uncommon. I think I have seen preserved in alcohol a human heart surrounded by a bony ring.

The particular case which I wish to report in this paper is one which I saw while in a hospital in Ferns eleven years ago. My present report is made from notes taken at that time. The patient was a woman 60 years of age. She was brought to the hospital suffering from cerebral hæmorrhage, and in such condition that no history could be obtained from her. The only points in her previous history (obtained from her

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friends) that possibly concern us, are that she had never had any children, and that she had had, her friend thinks, at some time a miscarriage.

Eleven days after admission to the hospital, the patient died. The record of her case, while she was in the hospital, deals almost entirely with her symptoms of cerebral hæmorrhage and of kidney trouble, excepting that on the day after her admission is recorded that "in hypogastric region is a tumor larger than fist and very hard."

The patient died, as I have said, eleven days after admission to the hospital. My only record of post mortem examination reads as follows:

"Post mortem—Hæmorrhage into corpus striatum and optic thalamus. Pyelo-nephritis with renal hæmorrhage and gangrene. Bony tumor of uterus about five inches in diameter." Further than this brief record I add from memory that we sawed this tumor in two and found it to be thoroughly organized bone.

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THE PREVENTION OF SYPHILIS.

HAROLD WILSON, M. D., DETROIT, MICH.

The labors of sanitary science are concerned with the prevention of disease. We have created boards of health and sanitary officers, and have passed laws to regulate the spread of certain diseases; we have appointed inspectors for our houses, and schools, and factories, our food and our drink, and all to a most excellent purpose. But while we are so vigorously hunting the infection of diphtheria and scarlet fever and smallpox and tuberculosis, and are seeking to regulate their transmission by law, we are closing our eyes to a disease whose Protean features are within our daily sight, and whose curse withers not only its immediate victims, but also those of the second and third generation; a disease, the dangers from which we all recognize, perhaps, and yet whose dreadful possibilities we seem to ignore and at whose concealment we seem even to connive. I mean syphilis.

I do not mean to picture the evils of which this disease is capable; you all know them too well; but let me ask you, members of the medical profession, how much you have ever done to diminish these evils? I do not mean how much you may have done to relieve the symptoms of chancre or mucous patches or syphilitic iritis, in some individual unfortunate, but how much have you done to prevent these conditions from becoming possible in the community? Did you never treat a young man for Hunterian chancre and after a few months dismiss him "cured," and then see him a year or more afterward contract a marriage alliance with some pure, innocent woman, to make her the mothhr of dead children or imbeciles? Did you never see this, and see it without uttering a word or making a sign to prevent the unholy alliance, to prevent that young woman from entering purgatory? Did you never treat a married man for primary syphilis and say never a

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word to his ignorant and innocent wife? Not even a hint of the truth, perhaps, when she came to you some time later with marked primary or secondary symptoms of a disease, the very nature of which was a mystery to her, and yet which was the seal of ruin to her health and to her motherhood? Did you never dismiss a patient from your office with mucous patches in his mouth, free to infect whoever crossed his path, innocently or otherwise? Did you ever take active measures to prevent a syphilitic patient from spreading the disease to other persons, beyond merely telling him not to? Are these things that reputable members of the medical profession never do? Do I put them too strongly? Are these questions slanderous in their suggestions? I do not think so. I have seen these very things more than once, in my professional experience, and I do not believe that I stand alone.

You will say, perhaps, that you could not do otherwise than you did, that there was no law to prevent any young man from marrying, whether syphilitic or not; that your patients came to you in confidence, and that you had no right to disclose their secrets and to interfere in their family relations, or to break up the family circle with your disclosures; that there was no law to restrain any syphilitic from infecting as many persons as he chose, knowingly or unknowingly; that syphilis may be cured, and that the children of syphilitic parents may be healthy. Yes, these are all true and untrue. It is true that we have a low standard of morals in respect to this thing called syphilis. You would hardly sanction your daughter's marriage to a man whom you had treated for syphilis. You would hardly hand her over voluntarily to the tortures of the inferno.

It is related that one Russian woman infected over three hundred men with syphilis in less than a year. The number of innocent victims of any syphilitic may be very large, as we can see by considering the multitude of ways in which the infection may be carried. I heard recently of a beautiful girl

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in one of our large neighboring cities who was engaged to be married to a young man of good family. During the engagement he contracted syphilis, venereally, and from mucous patches upon his lips this young woman, in kissing him, became infected.

Before the nature of the disease was recognized in her case, her father, mother and two younger sisters contracted the disease from her, and became the innocent victims of this young man's transgressions. Do you consider that the medical profession was in any way responsible for this calamity? Of course the physician in attendance upon the young man knew the nature of his malady. Suppose that he also knew of his engagement to this young woman, and of his visits to her. Could you bring yourselves to believe that he was in any way responsible for her infection and that of her family? Rather could you possibly believe that he was not responsible?

I do not expect that we shall be able to regulate the universe. We may even fail to manage the affairs of our own neighborhood; but, as guardians of the public health, are we to sit idly and inactively in our easy chairs and let the community be honey-combed with a rottenness which we could prevent? Even in the matter of syphilis, the medical profession cannot work the whole reformation. The public must be made alive to the fact that this disease is more dangerous to the public welfare than smallpox, yellow fever, or cholera, before proper laws can be enacted. But whatever share the public may have to assume, it in nowise lessens the responsibilities of the medical profession. We talk of "medical ethics," and stand upon the ceremony of consultation with Dr. X., who advertises to cure cancer or piles, with as much ado as if really ethical questions were involved in consulting with him, and at the next moment we violate the laws of our moral nature by a readiness to close our eyes upon the possibilities of the syphilitic infection of trusting wives or sweethearts by some patient whom we do not wish to offend or with whose

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affairs we fear to meddle. Here is the place for a study of real ethics. If I am not mistaken in the point of view which I assume, we have some new chapters to add to our "code." I may appear to speak strongly, but I do not believe that I have placed any undue emphasis upon our duties as physicians, as keepers of the public health, as men and women.

That something ought to be done, and done by the medical profession as the prime movers, to prevent the spread of this contagion, seems to me so evident that really no argument is needed to prove it. As to what steps shall be taken, there may perhaps be reasonable differences of opinion, but Dr. Bulkley has made a suggestion which seems to strike at the root of the matter. His plan is this: To make the willful communication of syphilis to another person a criminal misdemeanor, punishable by as severe penalties as can be secured for an offense of such gravity. I am sure that public sentiment would not need very much educating to make the enactment of such a law possible. Even now we have similar laws applying to other contagious diseases, as diphtheria and small-pox. The practical working out of such a law might be imperfect at first, and experience might suggest neccessary extensions or restrictions in its operation, but if the knowledge of the gravity of the offense became public, men and women having syphilis would hesitate to infect others as they do now, and the punishment for so doing would soon reduce the number of syphilitics in the community.

I should go farther than this. Upon ethical grounds of the highest order, as I have already indicated, the profession has a solemn duty to perform in addition to the labors necessary to secure proper legislation. Personal morality comes before that of society, and in order to be worthy of the profession which we represent as physicians, we must rise to a fuller appreciation of our responsibilities in the treatment of syphilitic patients. I conceive it to be our duty not only as physicians, but as human beings, to diminish, so far as we are

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able, the physical infirmities of our fellow creatures. It is a crime against morality, whether it is against the law or not, for us willingly to permit the sacrifice and slaughter of innocent wives or husbands or children, born or unborn, which we see going on about us every day. If we have courage enough we can save many a helpless victim that would otherwise succumb. We may offend our patients, but the consolation of doing our duty will help us to bear the loss if they leave us. I believe that syphilis ought to be a bar to marriage, and if it originate during the marriage state, it certainly ought to be an absolute warrant for the immediate and absolute cessation of marriage relations for all time. If this were the general opinion, even of the medical profession, we should have better offspring and a nobler human race.

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THE GERMICIDES IN THE TREATMENT OF TUBERCULOSIS—WITH CASES FROM PRACTICE.

G. A. ROBERTSON, M. D., BATTLE CREEK.

This is pre-eminently an age of investigation.

"Prove all things; hold fast that which is good," is as applicable to-day as when first uttered.

It is with this thought in mind that I offer my experience, although somewhat limited, with the germicidal remedies in the treatment of tuberculosis, by reporting several cases which came under my care during the past two years, hoping thereby to encourage investigation along this line.

Before doing so, I wish briefly to call attention to the *germ theory of disease*, upon which this treatment is based.

This "theory," while somewhat new, yet endorsed by many scientists, and men eminent in the profession, has for its foundation the existence of pathogenic germs within the living body, which, in their process of growth or sporulation, excrete toxines or ptomaines. These toxines by their presence in the blood become disease-producing causes peculiar to their kind.

As to the nature of these germs and their products, I quote from an article in the "Germicide" as follows: "Disease germs are either the altered, changed or degraded living matter of our own bodies; or certain organisms inhabiting the body under some special adverse circumstances, assume disease producing properties; or some living molecules from without, products of decomposition of organic matter, capable, when either evolved or introduced into the body, of acquiring independent growth with prodigious powers of reproduction."

In their process of growth by sporulation or budding or otherwise, they excrete ptomaines or toxines which are widely different in their chemical character and action.

By the discovery of numerous pathogenic microbes and

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their pure cultivation, it has become possible to study experimentally their relations to their surroundings, their mode of life, mode of evolution, of their entrance into man, their growth and ptomaines, and thus obtain information as to the causes of the peculiar spread of epidemic diseases much quicker and more trustworthy than by empirical or statistical methods, promising, in the near future, something like an exact science.

Concerning tuberculosis, and the etiology, pathology and treatment of this pathogenic microbe, I wish to speak briefly.

The origin of this bacillus is in the blood. The bioplasm of which, under adverse conditions, is either degraded, altered or changed into other living matter, a disease germ which takes on an independent power of existence with prodigious powers of multiplication.

This microbe evolution takes place in all states adverse to healthy existence, as isolation, over-crowding, absence of sunlight, meagre or deleterious food, unhealthy occupation. Once the microbe is acquired, it can readily be communicated by contagion and infection from man to man, and from nearly all animals to man.

Immunity consists only in the highest standard of health, a very high grade of vitality, for no one who is debilitated can be said to be free from the ingress of all kinds of disease germs. The most common mode of dissemination is by close contact; inhalation of dried, pulverized sputum; from floor, walls and clothing, if tubercular matter has been dried; or through food, such as milk. Swallowing tubercular sputum gives rise to intestinal tuberculosis.

The germicidal treatment of tubercular affections aims at the destruction of the germ, neutralizing its ptomaines in the blood and tissues, and rebuilding and reconstructing vital force.

The germicides used with most success are the glycerite of ozone, guaiacol mistura, preparations of tar, dioxide of hydro-

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gen, guaiacol plaster over the microbe deposit, suppositories of guaiacol.

The chief of all reconstructives is the glycerite of kephaline, which is valuable as a prophylactic in all stages of the disease.

The following cases, taken from a number treated with the germicidal remedies, are cited for the purpose of showing the measure of success attending their use in my hands:

Case 1. Patience Pemberton, aged 17, occupation, seamstress, presented herself for treatment August 27, 1892. Her case was considered hopeless by her physicians, being far advanced in the second stage of the disease. I obtained the following history: Had been in good health previous to March, 1892, when she was attacked with la grippe, which left her much debilitated and suffering from a harassing cough. Her symptoms became gradually worse. Emaciation, loss of appetite and strength followed with the usual symptoms of cough, hectic, night sweats and diarrhœa.

Physical examination showed dullness over apexes of both lungs, with indication of softening of the left. There were large and small crepitations. Heavily loaded tubercular sputum, streaked with blood, indicated that the breaking down process had set in. This patient was put upon the glycerite of ozone, guaiacal mistura and the ozonized tar syrup. The first two were given three hours apart, alternately, in 20-drop doses. The ozonized tar syrup was given in 6-drop doses whenever there was a desire to cough, whether day or night.

Attention was paid to diet and exercise. Unmistakable signs of improvement soon showed themselves. The night sweats and diarrhœa stopped in a few days and did not return. Her appetite improved and she began to gain in strength. Her cough, which was constant at night, was controlled by the syrup, and she was enabled to sleep well. During the six weeks of treatment she gained fifteen pounds in weight,

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and was in every way much improved. At this stage of the case, and against my advice, she returned to her home in Illinois and the case was lost sight of.

I consider the change in her condition due wholly to the use of the remedies, and believe, had the treatment been continued, a cure would have been effected.

Case 2. Isaac C., colored, aged 44, occupation, janitor and house cleaner; of intemperate habits; was attacked with pneumonia in January, 1893. After partial recovery, symptoms of phthisis set in; was called to see him in March; found him greatly emaciated, coughing and raising incessantly, with severe pain in right side, and was unable to leave his bed.

Examination found dullness in apex of right lung, extending down several inches, with slight dullness in apex of the left; right tubercular deposit breaking down considerably; small and large crepitations; mucous membrane on the fauces bare and mottled. He was having chills, fever and night sweats. Although the symptoms developed rapidly, I considered them of tubercular origin. He was placed upon glycerite of ozone, guaiacol mistura and ozonized tar syrup. After a few days' treatment, improvement was apparent and continued without interruption. He was discharged cured in four weeks, and is well at the present time.

Case 3. Andrew Freer, aged 49, a moulder by trade, thinks his illness was caused from grippe two years previous, but more likely from the damp, unhealthy surroundings of the foundry. He presented himself for treatment November, 1893, with the following history: Had been gradually losing in flesh and strength for the past years; has had a constant and harassing cough with profuse expectoration; has had several hæmorrhages; was having at this time chills, fever, night sweats and diarrhœa, with shortness of breath on the least exertion.

Physical examination revealed extensive disease of both lungs. There was dullness over apex of right lung, with

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cavity in upper portion of the left; moist rales and bronchial respiration.

The sputum was crowded with bacilli. He was emaciated, digestion impaired, unable to sleep nights from the constant cough; was only able to walk short distances without fatigue. Had been treated by several physicians with no benefit, and his condition was gradually growing worse.

My treatment of this case did not differ from previous ones, except guaiacol plasters were used over the microbic lung and the guaiacol suppositories were used, one each night, on retiring.

The sanitary conditions were bad, and he was removed to a higher and drier locality; was given a nourishing diet. As in nearly all of my cases, when these symptoms presented themselves, the night sweats and diarrhœa soon disappeared after taking the remedies.

The cough was kept under control by use of the tar syrup; his sleep became refreshing; his appetite and strength improved, and in the first month's treatment, gained five pounds in weight.

The winter months are not favorable for consumptives. Notwithstanding this, there was a gradual improvement in his condition. At the present time he coughs less, raises very little, sleeps and eats well, and is able to take long walks.

Condition of the lungs show improvement; dull areas diminished; mucous rales less; respiration more natural, though he still complains of shortness of breath on exertion.

He has had no diarrhœa during the winter and night sweats have not returned; taking all circumstances into account, his progress has been quite satisfactory and, I believe, largely due to the use of the germicides.

Case 4. Terminated fatally in the third week of treatment, and is reported for several reasons: First, it was one originally selected for this paper; secondly, that it was a case

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closely following confinement; that for the first two weeks of treatment she improved rapidly.

The history of this case was as follows: Was called April 15 to see Mrs. S., aged 36; previously healthy; family history good; was confined February last; labor easy; so far recovered as to be about the house. She was then attacked with phlegmasia; when partially recovered from this, weak and exhausted, lung symptoms began to show themselves, prominent among which were chills, fever, night sweats, dry hacking cough, difficult respiration; was nervous, unable to sleep nights, and was greatly emaciated.

Physical examination revealed dullness over apex of left lung; right apex slightly so; crepitations and bronchial respiration. There were also evidences of effusion into the cavity of the pleura, left side.

She was at once placed upon the glycerite of ozone, and guaiacol, guaiacol plaster over the diseased area, guaiacol suppositories at night. The ozonized tar syrup controlled the cough by sterilizing germs in the sore and abraded mucous membrane of the fauces. Milk and peptonized food were given. Under this treatment she began to improve, and the change was perceptible from day to day. After taking the germicides about two weeks, she was attacked with pleurisy, which resulted in death four days afterward. Death was due to incidental causes.

Other cases might be cited of similar import, did I wish to extend this paper.

Of cases treated, all were more or less improved, with two exceptions, where no beneficial effects were apparent.

As might be inferred, diseases only of tubercular origin would be amenable to this form of treatment.

The remedies are, without doubt, most effective in the first and second stages of this disease, although cases have been reported where cures have been effected after cavities had formed, or what would correspond to the third stage.

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Objection has been raised that agents sufficiently active to destroy the germs would kill the patient, or at least be injurious. Thus far, I have seen no ill effects arising from their use.

As to the relation this treatment sustains to other forms, I am led to conclude that its mission is not to supercede othe methods, or that it antagonizes any law of cure; on the other hand, occupies a field distinctly its own, and may be used as a valuable aid in combating disease by destroying or sterilizing germs, neutralizing their ptomaines, thus ridding the germ laden system of its burden.

In conclusion, I feel justified in saying, that any method of treatment that promises relief from this dreaded disease, which counts its victims by the thousands, and where ordinary methods promise so little, is worthy of our careful consideration.

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MICHIGAN CONSUMPTION.

T. C. DUNCAN, M. D., PH. D., CHICAGO, ILL.

There is a sharp controversy going on in this state over the question of the contagious nature of consumption. We are told that 3,000 die of this disease every year and 3,000 new cases develop; therefore quarantine is the remedy.

Why should Michigan, with a population of 2,093,889, develop so many cases of this disease? It is contagious, is the explanation. Let us see if there are not other factors that enter into this problem of mortality from tuberculosis.

M. Lagneau (Revue Scientifique), from a comparison of many European statistics, has tabulated these results:

"1st. That the occupations which expose the person to *dust*, whatever they are, predispose to tuberculosis to a remarkable degree, e. g., according to Swiss statistics, 10 per cent. of stone cutters die of it.

2d. Those who follow sedentary occupations are more disposed to tuberculosis than others. According to English and Italian statistics of students and young clergymen, 459 in 1,000 die of tuberculosis.

3d. Printers in England and lithographers in Italy to the number of 300 to 410 in 1,000 die of tuberculosis.

4th. On the other hand, people who live in the open air have almost entire immunity from the disease; this is the case with shepherds, farmers and boatmen, only one or two in 1,000 having it, according to Swiss records.

M. Langneau has also examined the subject with reference to the effect of habitat and density of population.

In France sanitary statistics in regard to 662 cities show that the more the population is crowded the more seriously are they attacked by tuberculosis.

In 95 towns of less than 5,000 inhabitants, only 181 in 1,000 die from pulmonary affections.

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In 33 towns with from 5,000 to 10,000 population, lose 216 in 1,000.

In 127 towns with 10,000 to 20,000, 271 in 1,000.

Fifty cities with from 20,000 to 30,000, 288 in 1,000.

Eleven cities with 100,000 to 430,000, there were 363 in 1,000.

In Paris, with its millions of people, 490 in 1,000 die of pulmonary affections.

What is noteworthy here is the high mortality from crowding (which means foul air), dust and inactive lungs.

Turning to Japan and other moist sections, we find a mortality from phthisis that numbers nearly one-quarter of the total deaths.

Michigan 40 years ago, was famous for the great amount of intermittent fever; now it comes to the front with a large mortality from consumption. I have seen quite a few cases from this state, and let me cite one or two of the most striking.

Miss —— came to consult me in 1882 in the first stage of the disease. I urged a change of climate. She said: "What is the use? My brothers and sisters went from place to place, but they all died. I will go the same way, and I better stay at home." This heroic girl was a blonde of nervo-sanguine temperament, a poorly developed lymphatic system, although she was not remarkably thin. She lived in Berrien county. Was the water hard? Limestone. Was the house on a hill? No, in a valley. Was there plenty of sun? No, the house was covered up with trees and vines. Sun in her room? No. "I cannot go away. I must take care of mamma. She is an invalid. Father is dead."

Here was a case of hereditary endemic consumption, if there can be such a thing. She died the second winter of what was called pneumonia.

Mr. ——, a six foot lad, aet. 17, came to me to see where he should go. Not strong; he had been sent to a Minnesota school for boys, where he had to carry a big musket. I found

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dullness of right apex. The lungs did not rise much beyond the second rib on deep inspiration. Here were a boy's lungs in a man's body. It was needless to ask him if he lived in a limestone section, for the lime salts had given a big frame. I sent him to New Mexico for lung development. He returned next spring with an extra two-inch expansion; lungs now filled up the chest. His parents were large and finely formed. The heavy musket had bruised the lung and brought on traumatic hæmorrhage. The moist air of his Michigan home had retarded chest expansion, producing an endemic tendency to consumption. Deep breathing and arnica were his remedies.

A glance at the geography, topography and geology of Michigan explains, to my mind, the prevalence of consumption in that state.

If the people will all drink filtered, boiled water and practice deep breathing, there will be less of this disease. Antidote the calcarea and free the system. The remedies are not many and are chiefly glandular ones.

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THE PLACE OF GYNÆCOLOGICAL OPERATIONS AS A THERAPEUTIC MEASURE IN DISEASES OF THE NERVOUS SYSTEM.

S. H. KNIGHT, M. D., DETROIT.

A short time ago my attention was called to this subject by a number of cases which came under my observation. I will detail a few.

Miss A., dressmaker, consulted me in reference to her trouble. She complained of being tired all the time, could not walk or work; constant pains in the back and limbs, nervous, wakeful, cold feet, etc. She also said that there was a retroversio uteri which was, in her opinion, the cause of all the trouble. Examination showed the truth of her statement as to the mal-position of the organ. There was, however, no tenderness about ovaries or tubes, no endometritis, no leucorrhœa, no symptoms of inflammation, acute or chronic. Replacing the uterus and holding it in position with an Albert Smith pessary, I gave her a few treatments with a bipolar Faradic current from a long, fine coil. I then advised her to go to friends in the country, live out doors, and enjoy the good country fare, telling her to forget her uterus and take life easy. It seems she soon became dissatified with this course of treatment, fearing I had not appreciated what she thought was her serious condition. She returned to Detroit; went to one of the large public hospitals and, as I afterwards learned, was curetted twice, then had the ovaries removed, and lastly, the uterus fixed to the abdominal wall. To-day she is a bed-ridden invalid, dependent upon her friends.

Another case of a different nature was that of Miss B., 26, a hystero epileptic. Her attacks were very violent, accompanied by tonic and clonic spasms, during which she would throw herself violently from the bed against the walls and floor of her room. She went to New York, the ovaries were

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removed, and the report of the operation says they were studded with small cysts. Her convalescence was retarded by mild attacks of her trouble, and the operation did not benefit her in the least.

Last summer I was called in a hurry to see a patient, Mrs. C., who had taken an overdose of chloral with suicidal intent. I had once before, some two or three years previously, attended her for a brief interval, and knew that she had always been considered decidedly queer, so when she recovered sufficiently from the effects of her folly, I obtained from her her intervening history. She recognized her condition, admitted she wished to die, and said she had been growing worse ever since my previous visits. Some months before, because of some local pains, etc., a prominent old school gynæcologist in Detroit had advised oophorectomy, promising relief from her local troubles and mental also. It has been performed; she was undecided whether it had relieved the local pains or not. Certainly it had not relieved her mental condition. Soon after she went to the insane asylum at Flint. Her present condition I am unable to state.

These cases may be taken each as a sample of its class, and it is my purpose to briefly investigate to what extent the sexual system of woman may be held accountable for her nervous illnesses.

A large number of women suffer from that tedious and distressing malady, neurasthenia or nerve strain. The nervous nature of woman is a never ending study. More pitiful, more long-suffering than man, more cruel in anger, more relentless when jealous, feebler, an appeal to her affections turns her muscles and nerves to iron and brass, and she is able to undergo an amount of fatigue impossible for stronger man. There is another side to this picture; the finer a creation the more easily it is damaged; once upon the downward course no toboggan runs more swiftly or surely to the end. The griefs, the cares, the worries, the jealousies of life, strain and

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exhaust this delicate mechanism until at last there is a picture similar to the first case related in this paper. How often do we hear the story, "Doctor, I am so tired all the time, so nervous, I cannot walk far, pains in my side; such a bearing down; such a headache; my back is nearly broken in two." To this we may add an irritable bladder, skin dry and harsh with pigmentation in places, the complexion perhaps becoming dark and mottled. Now let a woman with the foregoing symtoms recount them to a female friend, and she will be told that she has womb disease. Let her consult her physician, and he, especially if she has backache, bearing down feelings, an irritable bladder, and pain in the ovaries, will assert the same thing, and will diligently hunt for some uterine lesion. If one be found, no matter how trifling, he will attach to it undue importance and treat it heroically as the erring organ. If no visible or tangible disease of the sexual organs be discoverable, he will lay the blame on the invisible endometrium or the unseeable ovaries, and continue the local treatment. In any event, whatever the inlook or outlook, a local treatment more or less severe is bound to follow. Yet these very exacting symptoms may be due wholly to nerve strain, or (what is synonymous) to loss of brain control over the lower nerve centres, and not to direct or reflex action from some supposed uterine disorder. Sometimes in these cases the operation acts the part of an incantation. The dread of the knife, and the shock of the operation, distract the mental attitude of morbid concentration; while the enforced rest in bed gives a chance to the wornout brain to regain strength. This leads me to think that in a large majority of operations upon trifling tears of the cervix and on the incomplete lacerations of the perineum, the good which may accrue comes less from the repair of those organs than from the mentral distraction and enforced rest. Where oophorectomy has done good in functional cases, I am strongly convinced that it has been through the profound impressions upon the mind or the sub-

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ject rather than upon the removal of the ovaries, and in two or three cases I have been made fully aware of this, not only in the cure of imaginary troubles, but in relief of the physical disturbance.

Much credit that has been claimed by operating gynæcologists results largely from this mental reformation, leading the patients to exaggerate their improvement, as they magnified their distress. If you will read the article of Prof. J. W. White, published in the Annals of Surgery, vol. 14, on the curative effects of operations *per se*, you will be able to gain some idea of how radical may be the effects upon some lesion of the body, of an operation unsuccessful in accomplishing the design of the surgeon, or undertaken with some other object in view. For example, the disappearance of a uterine fibromyoma after an exploratory incision—the disappearance of epileptoid symptoms from a mere incision of the scalp. But this kind of incantation—the surgical variety—does not always work well, as you will remember in the first case I read you.

I call to mind a patient living within a stone's throw of my office, upon whom was performed a double operation for laceration of cervix and perineum, because of nervous symptoms. To-day, two years after the operation, she is ten times worse than before it. Her increase of symptoms dated from the very hour of the operation. The most competent gynæcologists in Detroit have examined and pronounced the operation perfect in its results; nevertheless, subsequently, local treatment, electricity and social excitement failed to relieve. Not until I had persuaded her to travel and rest did any amelioration begin. In my experience, the mistake usually made in these cases is that of attributing to the laceration the mock uterine symptoms of nerve prostration.

Let me now call your attention to a class of cases represented by the second of the cases mentioned in the beginning of this paper, cases of hystero-epilepsy, which are not epilepsy at all, but hysteria and epilepsy proper. I think I may say

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positively that oophorectomy has never cured a case of well established or even incipient organic nervous disease, or has proved to be the least use except in functional disturbances that could have been helped by agencies far less dangerous. We rely too much upon our diagnosis of reflex irritation, excitability, and do not consider enough the part the whole nervous system plays in the development or existence of local depraved states. To what particular degree the ovaries enter into the production of nervous disorders is a matter of great doubt and speculation, and it is always well to assume that the disturbances in which they are supposed to figure are of a general character, and follow a more or less profound upheaval of the functions of the cerebro spinal and sympathtic systems, and as well to inquire whether the pelvic derangements are not more a result than a cause.

The researches of neuro-physiologists and clinicians go far to show that neuroses of development are those in which diseased ovarian functions are quite, if not more common than where intrinsic disease of the organ itself is regarded. In the majority of cases it is certainly well to inquire whether the difficulty is not due rather to causes that have to do with the general physical defects, and particularly those of the nervous system.

It is well known that a variety of disorders which are supposed to be essentially seated in the genital organs may exist without lesions or abnormalities of the parts, and whether, as Rosenthal says, hysteria is nothing but a congenital feebleness of resistance or one acquired by vaso motor centres.

Epilepsy, omitting the form known as Jacksonian epilepsy, is a disease we may divide for convenience into three (3) classes, dependent upon the probable pathological origin.

First. Those cases probably cortical in origin, presenting many features of Jacksonian epilepsy. This class includes all cases of petit mal, and grand mal with an aura, psychical epilepsy, traumatic and organic cortical disease.

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Second class presents the phenomenon of a sudden loss of consciousness with or without general convulsions. The attacks resemble the early symptoms of gross lesions of the pons or medulla, and can be produced by irritation of those parts; accordingly the attacks have been attributed to a discharge of nervous energy or vaso motor spasm originating in the medulla.

Third. Those attacks due to peripheral irritation.

It is, of course, only in the third class that even the suspicion of a hope could be entertained that oophorectomy or any operation would give relief. The diagnosis should of course be clearly made out, and all other forms of irritation carefully excluded.

It is quite possible in epileptics to have amenorrhoea depending not on any pelvic condition, but upon spinal malnutrition or the opposite condition of menorrhagia, with perfectly healthy ovaries, the losses not depending upon any excitement *per se* of the organs of generation themselves. Much weight has been laid upon the fact that in these cases the fits are often augmented periodically; this has been given, I think, undue prominence, as also the fact of the amenorrhœa. These patients are often exceedingly anæmic from bromides long continued and from mal-nutrition. In other cases the mental feebleness and weakness of will results in the loss of sexual restraint, which is so common with idiots and the epileptic insane, that one-sided observers are quite apt to ascribe these manifestations to exaltation of local sensibility. The instances where the operation has been performed with good results in cases in which epilepsy existed in a quasi-hysterical form, appear to have been those which have not had the benefit of systematic moral treatment.

The increase of insanity both considerable and constant has led to much dissatisfaction with the present modes of treatment. The better understanding of the anatomy, phsiology and pathology of the nervous system, the wonderful

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achievements of surgery in all parts of the body, have led to the abandonment of old and tried measures; the experimenting with many and varied means of relief; the formation of extravagant hopes. Yet we have stubborn facts to deal with. We must not be led away by any fond expectations; we must not chase any illusive will o' the wisp, but rather be governed by results as they really are, by the conclusions of men of sound judgment and ripe experience.

C. A. Kirkley, M. D., published some observations made at the Toledo hospital for the insane, where, in 27 per cent. of the women admitted, the cause of the insanity was attributed to some disease of the reproductive system. Of 595 cases at least 230 practiced masturbation. Of these the majority were married, and some were advanced in years, and most of these practiced the habit during the climacteric period. An interesting fact was developed in the investigations, showing that sexual perversion is almost always present in cases where religion has been given as the exciting cause of the insanity. Seventy-five cases were treated for diseases of the reproductive organs with but little influence on the condition of the mind. It is only in occasional instances where a cure results, and the relation of the sexual organic diseases to that of the mind is more one of effect than cause. It is only where the general health is benefited by the treatment or operation that good results are obtained. And the improvement is only due to the gain in general health directly, and not to any relation between the disease of the sexual organs and the brain.

The proof has not yet appeared that irritation of the genital organs has produced any well defined disease of the nervous system. I mention the following case by the permission of Dr. Chas. S. Morley, under whose care the woman was: A Mrs. B., from being a pure, innocent girl, not knowing what sexual feeling was before her first marriage, became a confirmed pervert. No form of masturbation was unknown to her, no method of congress too debasing, and no companions

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too vile. These attacks were periodical; between times she felt an inexpressible horror and disgust for her short-comings. She experienced no gratification from her indulgences, but was led on by an impulse she could not control—a periodical insanity, as it were. I assisted Dr. Morley at the operation, which was a very severe one. There was surely local cause enough to account for anything; adhesions, congestions, thickening, pus tubes, etc., were all present. Everything was removed as closely as possible to the uterus. The patient recovered from the operation, and for a few months forsook her old habits. In the hospital reports of the case was reported as a cure, and had this article been written earlier, might have appeared as a most remarkable result of abdominal surgery; but alas, she fell from grace, and minus tubes and ovaries, is as bad a sinner as before. Her husband reports that physically the operation was a complete success, and morally as complete a failure.

To those who are familiar with the genesis of insane delusions and the conduct of insane themselves, there can be little doubt of the exaggeration and false interpretation of local hyperæsthetic disorders. The evolutions of erotic delusions is a very complex process, and occurs in women whose primary derangement is of a perfectly pure and sometimes religious nature. Often a period of this nature will precede erotic concepts and actions which lead the observer to look to some peripheral genital excitability as the solution of the problem. These states of primary mental disturbance resulting in sexual perversion are found in both men and women.

The temptation to operate is strong, and the surgeon is urged by the friends to do something because of failure of past neurological treatment and the gloomy prognosis given by former attendants. These operated cases will prove to be like the man of the parable from whom was cast out the unclean spirits, only to return seven-fold to the swept and garnished house, and the last state is worse than the first.

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The question may be raised, supposing the results of these operations are not as favorable as we wish, should we not give these sufferers the small chance there is? We answer, No.

It must be admitted that there is in the operation of oophorectomy considerable risk. The most successful operators the world can produce may reduce the mortality to below 5 per cent., but the average operator will find his mortality about 15 per cent.; some more, some less. The dangers are, of course, increased when the patients are suffering from a severe nervous malady.

Again, gynæcological operations are more likely than any other operations to affect the mind, and the percentage of cases of insanity following abdominal sections is as large as for any capital operations; especially is there a liability if there be a nervous taint.

Lastly we come to the psychical results of these operations and the legal complications which may follow. Though there may be no radical departures from the female type, there is undoubtedly the loss of sexual feeling and it may be unhappy marriage relations will follow. Whether such conditions might not be considered legal ground for separation has, I think, been decided in the affirmative.

Another effect noticed has been the bringing to the surface and intensifying the desires for maternity, either dormant or not existing at all. A patient upon whom I operated a short time ago, removing a multilocular cyst of each ovary has now her desire for offsping increased ten fold. Time adds to it rather than decreases it.

Cases must be few indeed where any real hopes of improvement outweigh the risks of failure, positive damage and death.

Dr. Hamilton, in his article already referred to, says: "I asked one of America's most learned and consistent specialists 'in what proportion of cases does this operation cure nervous diseases, so far as you know?' He replied, I 'never remove the ovaries for nervous disorders, as I believe the fault to lie in such cases in the nerve centres.'"

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THE CAUSE OF THE DECADENCE OF WOMAN AND ITS RESULTS.

E. LOUISE ORLEMAN, M. D., DETROIT, MICH.

The degenerated physical condition of the women of the present age is attributed by some to the higher education, by others, to the mode of living, and by others, to dress.

It is my idea that all these are factors, but acting only as an aggravation, not as a cause.

The young women of to-day are performing the functions of womanhood under difficulties, due to the ignorance of women of ages past concerning their own physical nature and its well being. It was not considered modest for women to know even the rudiments of physiology, and as a consequence they went blindly on, sowing the seeds of untold misery for the generations then unborn. They did too much in one line and not enough in another. Their nervous system was cultivated in one direction only, and for lack of a balance wheel, there was an explosion of heaped-up impulses; their tendency manifesting itself more from one generation to another, and resulting in nervous prostration, hysteria and insanity.

I recently heard a little story that aptly illustrated this point. A man, on accompanying his wife to an insane asylum, where she was to be an inmate, was asked what he considered the cause of her condition. "I am sure I do not know," said he, "any good reason for it. She always lived so quietly at home without any excitement. We have a large family and comfortable home on a large farm. She did the housework, looked after the children, and never went anywhere except to church on Sunday and once in a while to prayer meeting. I cannot understand it, but the ways of the Lord are past finding out."

Another source of physical decadence was the ignorance

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of the accoucheur of the past, leaving the woman, as they did, with laceration both cervical and perineal, the idea being that made the way easier for the next child.

In my first years of pratice I had a large patronage among the Germans and Bohemians. I can assure you I saw revolting sights. Many with perineal laceration complete of twenty years standing, and you all know in what a horrible condition such patients are. Others with sub involutions, suffering from procindentia, and wearing a sort of T bandage made from several thicknesses of cloth, thus strapping the organs up so that they could walk. One woman had borne three children suffering in that way. The organ came down after the birth of the first child. All these women were large, sturdy looking women, but all suffering more or less from hysteria, irritability and the usual strain of nervous symptoms. One patient informed me that her womb was in her throat, it being a commonly accepted idea that this organ wanders around in the body at will.

Taking all this into consideration, is it not plausible that these acquired diseases would have a tendency to weaken the generative organs from one generation to another?

Another cause is in the way young girls were reared in the past. They must not play or run like their brothers, be cause it was not proper; they must knit, do patch-work, fancy work, even at the age of six, sew for their dolls, so that they would acquire motherly habits, thus cultivating the nervous system at the expense of the physical.

Will this condition continue? Then what will become of the race ?

Medical science, hygiene, proper physical culture, will help to do a great deal to right the wrong. But mother nature has not forgotten the daughters, and she seems to be extending a helping hand to promote the welfare of woman in this way.

I have noticed that the women in active life, the clerks, the student, the teacher, the nurse, in a large percentage of

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cases, menstruate at longer intervals. Out of forty teachers that I have treated, ten menstruate only two or three times a year, at the same time enjoying perfect health without headache or backache; eighteen menstruate about every six weeks, some of them suffering from dysmenorrhœa, but perfectly well aside from that; while the periods of the remaining twelve are too often and too profuse, while they suffer from nervousness, headache, etc.

The students are often more or less tardy, and those that menstruate every month are not nearly so well as those that menstruate less often. A number have come to me contemplating marriage, with a history of infrequent menstruation, six of whom I have watched for some time. One came to me five years ago, menstruating only twice a year. I thought then it was all wrong, and applied electricity and tonic treatment, but without result, as she continued to menstruate only semi-annually. Since then she has had two children and remains strong and well. Three others that had menses every three months have each one child. The remaining two are childless.

The principal of Grace hospital training school told me that most of the women on entering the active work there, with regular hours, some cease to have monthly periods, menstruating from one to four times in a year, while they feel perfectly well, many of them improving in health and becoming stronger than they have ever been before.

Aside from these, there is hardly a day that I do not hear, through my patients, of some one who is perfectly well, but menstruates only every three or four months.

One of our large dry goods firms in Detroit, who employ a great number of lady clerks, among whom I have a large patronage, there are ten from the ages of 20 to 30 years menstruating only three or four times a year at regular intervals, exempt from headache, backache, etc.

Taking all this into consideration, and cultivating the women differently from what they have been, I have come to the conclusion that the women of the future will menstruate at longer intervals, and consequently the generation following will be stronger mentally and physically.

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SALPINGO-OOPHORECTOMY AS A TREATMENT FOR INSANITY.

W. M. BAILEY, M. D., DETROIT, MICH.

The question of the removal of the uterus and its appendages, or any portion of the same, for the cure of insanity, is a subject which has only recently received the attention of the medical profession.

It is not my intention at this time to enter into any argument to show that operation on these organs will effect a cure in all cases of insanity, but I am firmly convinced that a large percentage of cases can be traced to a diseased condition of the pelvic organs, and that in such cases, relief, if not a permanent cure, may be effected by the removal of the diseased organs. In support of this theory I wish simply to present a case which recently came under my care, which was to me, and some of my professional brethren, very interesting, and I trust it may be equally so to other members of the profession.

Mrs. ——, aged about 34, bilious temperament, dark hair and eyes, well formed and well nourished, medium height, weighing about 130 pounds; family history good, as far as can be ascertained, married at about the age of 22, one child, no miscarriage, cervix and perineum badly lacerated. In course of time she became a widow, and about five years later married again; married life very pleasant and happy, having all the comforts of life; no children by second marriage. Since birth of her child, has been the victim of pelvic troubles which were supposed to be due to the laceration. November, 1890, performed trachelorraphy and parineoraphy with good result; health much improved since the operation, but still complains of tired feeling and sense of weight in right ovarian region; worse at each menstrual period, which occurred regularly once in 28 days and in all respects normal.

Had not been called to see her professionally for about

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two years until September 30, 1893. Mrs. —— has been suffering for the past three days with a delusion that her birth was shrouded in mystery, suffering great mental agony, in consequence; also that she was a great heiress entitled to unlimited wealth as soon as the cloud could be removed from her birth; insists on some one remaining with her constantly, as she only sleeps from five to ten minutes at a time since first becoming disturbed.

October 1st. Much the same, only getting worse.

October 2d. Still more restless; has to be watched constantly to prevent her from leaving the house. Taken to Grace hospital and placed in charge of a special nurse.

October 3d. Becoming more disturbed and noisy; during the night of the 5th removed to the padded room, as she disturbed the whole hospital with her screams.

October 6th. Nurse has entirely lost control of her and an older and stronger nurse placed in charge.

Upon making an examination of the sexual organs, she complains of tenderness in both ovarian regions, especially in the right. Bi-manual examination revealed slight enlargement of the right ovary—not able to detect any enlargement on the left side.

October 7th. Patient becoming more disturbed, I informed the husband that she must be removed to an asylum as the hospital could not longer be kept in a state of excitement by her outcries. He asked if there was no other course to pursue, as he would rather see her placed in her coffin than in an asylum. I informed him that there was but one thing more that I could suggest, and that would be entirely experimental, so far as my own experience was concerned, which was removal of the ovaries. After due consideration, he instructed me to proceed with the operation at my earliest convenience.

October 9th. I removed the ovaries and Fallopian tubes. The right ovary was about one and a half times larger than

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normal, and contained a pus cavity about three-eighths of an inch in diameter; the left was about normal in size and contained several cysts from one-eighth to one-fourth of an inch in diameter. Both Fallopian tubes were congested, otherwise normal.

She made a rapid recovery from the operation, returning to her home in a carriage in two weeks, resuming the management of her household as though nothing had happened, her mind perfectly clear, and has remained so up to the present time. The special features of this case are well told in the nurse's written report to me, which is appended hereto.

NURSE'S REPORT.

"Friday, October 6th, 1893. On entering the room I found the patient kneeling on the floor with her shoulders draped in a shawl and a fine handkerchief covering her face for a veil, imagining herself to be "Marguerite," and her nurse a "Faust," with whom she was acting the opera she had seen the previous week. While persuading her to rise and go toward the bed, she fell on the floor and became perfectly rigid. In attempting to lift her she choked me almost into insensibility; I dropped her on the floor again and allowed her to remain there until she arose voluntarily.

After about an hour's raving, succeeded in putting patient in bed, where she remained until after dinner, talking incessantly of relatives who had deceived her; of medicines given as poison; of her hair turning black as ink; of the nurses being devils coming in to kill her, and clinging to me, calling me mother; saying I had come to protect her from harm and devils. She rested in my arms while I rubbed her head for two hours, after which she sat up in a chair and talked to me in a perfectly rational manner for two and a half hours. While seemingly rational, her meals were thoroughly enjoyed; at other times some kinds of food were refused, saying they were poison. Expectorations of white

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froth were very profuse; complained of severe pain in region of heart, lower part of abdomen and back part of head; imagined she carried a cross nailed to her shoulders.

Saturday, October 7th. Patient raved about being charged with electricity, so that the bed and chairs hurt her. Held her on my lap and rocked her nearly all day, which seemed to be the only means of keeping her quiet. At night was very much disturbed. Jumped up, whirled around, screamed, and tried to bite the nurse who was on relief. Became so noisy as to disturb other patients on corridor and was transferred to the padded room, where she raved all night, breathing very difficult, unable to urinate, feet cold, body wet with perspiration, pupils much dilated.

Sunday, October 8th. Patient thoroughly exhausted, seemed in a partial stupor all day.

Monday, October 9th. Ovariotomy performed at 9 o'clock a. m. After operation, patient had no nausea from the anæsthetic and complained of very little pain. About 12 o'clock patient got out of bed in spite of two nurses, tore the dressings from the abdomen, threw them about the room, and succeeded in getting out in the corridor. With the assistance of a male nurse and the house surgeon she was put back in bed, dressings re-applied and a nurse placed on each side of the bed to keep her from again removing the dressings; they were obliged to hold her hands constantly, but she would make every effort to escape.

At 3 p. m. she had become unmanageable, fighting like a tigress; straight jacket applied by order of doctor, hands, feet and body strapped down so that she could neither injure herself or get away. Very restless and talking incessantly; would sleep from five to ten minutes occasionally. During the night talked almost constantly, but did not scream as before so as to disturb other patients on the corridor.

Tuesday, October 10th. Much the same as yesterday, only not quite so restless.

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Wednesday, October 11th. Patient slept some during the previous night and is rational the greater portion of the time; begged to have her hands released and promises not to disturb the dressing or do anything she ought not to do, if her wish is complied with. Hands released by permission of the doctor. She has kept her word, is very quiet and realizes that she has not been herself for several days; seldom refers to her former hallucinations; temperature since the operation has ranged from 100 3-10 to 98 2-10; pulse 98 to 76; slept some during the day and the greater part of the night. Patient menstruating.

Thursday, October 12th. Patient very quiet and perfectly rational; asks to have the straps removed; says she knows what she is about now and will do nothing she ought not to do. Straps removed by order of the doctor; patient still menstruating; urinates voluntarily; ate a hearty dinner; permitted to order her own meals and have anything she desires. Complains of whirling in her head; otherwise is very comfortable and free from pain.

Friday, October 13th. Slept well during the previous night; in the morning complained of severe pain in nipples, which passed off during the day; menstruation ceased, which had been about the same as usual; patient feeling very comfortable and mind perfectly clear. Steady improvement with nothing particular to record.

Monday, October 16th. Sutures removed.

Tuesday, October 17th. Sat up and walked about the room.

Thursday, October 19th. Taken out in a wheel chair upon the street.

Patient steadily improved, and on Monday, two weeks after the operation, returned to her home with her mind perfectly clear. E. T. JEWETT."

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UTERINE HYPERTROPHY OR CHRONIC UTERITIS.

H. M. WARREN, M. D.,

Not the condition known as sub-involution of the womb, when the return of the uterus to its normal size from the physiological hypertrophied state is for some reason arrested, do I wish to refer at this time, as an introduction of the subject for discussion, but rather to the congested, inflamed and indurated condition so often found as the result of causes other than pregnancy.

Different terms or names have been applied to this pathological state by writers, more descriptive in some cases of the changing conditions of the organ under the morbid influence than of the disease as a whole.

Strictly speaking, however, simple uterine hypertrophy implies that its body is enlarged, the walls thickened and the cavity decreased, the organ itself not being inflamed or sensitive to touch. This condition of the womb is but seldom encountered in practice. Not so, however, with an hyperplasia of the connective tissue, as the result of inflammatory action more or less acute.

The causes are many and varied. A lowering of the vital forces from any cause; nervous depression, as well as a constitutional tendency, serve to prepare the way for the following direct ones to induce the disease : Too early return to work after delivery; uterine laxation; endometritis; cardiac disease; constipation, although quite often torpidity of the bowels follows as the effect rather than paves the way for the difficulty; sexual over-indulgence; laceration of the cervix. Many others could be mentioned, I think, only to occupy a minor position compared with the above.

It is an obstinate trouble to contend with at the best, and gynæcologists of both schools bear testimony to its intractable nature and the slowness with which it gives way to recovery.

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This may be accounted for many times by the difficulty met with in fully controlling patients and removing the causes than to the obstinancy of the morbid condition in and of itself. Mechanical supports are quite often contra-indicated in the earlier stages, which may last for many months, when the hyperæmic organ, dragged down by the increased weight, is over-sensitive and irritable to any substance offering much resistance. Otherwise, a properly adjusted pessary would be of great assistance by restoring its position and allowing the congestion to pass away. This is mainly true of those cases in which the engorgement is maintained by a state of dislocation. Medicated lamb's wool tampons saturated with proper remedial agents are good and safe substitutes, rendering great assistance as local aids to internal medication. Glyceroles of calendula, hamamelis, dist. extract, white hydrastia, lysterine, pinus can., baptisia, with combinations of the same, are valuable preparations with which the wool may be charged. Pure glycerine alone acts somewhat like a poultice to an inflamed and tumefied cervix. Also, slight but frequent abstractions of blood from the cervix by means of a spear or finely pointed knife will accomplish much in relieving the congestion and symptoms depending on the latter.

Of the large number of remedies suggested, and which have proven of value to me, the more important are: The bromides of potash, lime and ammonium, ustilago, secale, puls, sabina, apis, lilium, calc. c., cimicif, bell., helonias, ham. vir., hydrastis. The success of a remedy in this disease largely depends on its power to contract the blood vessels, thereby cutting off the excessive supply and reducing the congestion. The well known power of the bromides to do this gives them a prominent place in the list. Acting as they do upon the spinal cord in the nature of a check upon reflex action, muscular irritability is allayed and quieted.

Iodide of baryta will play an important part in this trouble, as its strong indication or keynote is hypertrophy of connective

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tissue. The sphere of action of lilium is directly upon the reproductive organs, producing irritation, congestion and subacute inflammation, and through them, by nervous reflex action upon other organs, notably the head and heart. It causes all the forms of displacements. I have found drop doses of the tincture to be more effective, and experience has likewise taught me to patiently await its action, as the system responds slowly to the drug.

Hydrastis, by being a nutrient tonic, stimulates a healthy circulation throughout the body and thus indirectly, if not directly, places the patient in line with recovery. The main action of the drug is upon the mucous membranes of the outlets of the body, which fact especially fits it for cases of cervical hypertrophy. If the os or cervix is ulcerated, with a thick, yellow and stringy discharge, its topical and internal employment is more plainly indicated.

I have a kindly feeling for ustilago, as it recently helped me out of a most severe and obstinate case. The cervical and uterine walls were like an overcharged and swollen sponge, which bled on the slightest provocation. On the arterial capillary vessels it produces long continued contraction with passive venous congestion, just the condition favorable to displacements and hypertrophied states, hence its adaptability to our disease.

Helonias is justly ranked as a true uterine tonic, imparting tone and vigor to the organ and its appendages. The remaining remedies included in the list, while equally important to the above, have such well known indications as to render their enumeration hardly necessary.

Could we succeed in retaining this class of patients a sufficient length of time to adopt and carry out a definite and wise line of treatment in each individual case, many marks, if not remarks, against our skill and ability might be avoided. Patients also expect us to accomplish their cure of a trouble that is in its very nature deeply entrenched in its bed, while they continue to discharge the burdensome duties of their daily life or sustain the equally trying social position. For my own sake and protection I often decline such cases unless assurance is given that I can depend upon a proper assistance from the patient herself.

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THE SURGICAL TREATMENT OF CHRONIC ENDOMETRITIS.

OSCAR LE SEURE M. D., DETROIT.

The object of this short paper is two-fold. First, to stimulate discussion of one of the most common, and often discouraging, problems occurring to the general practitioner; and second, an attempt to popularize the surgical treatment of those cases (which are in the vast majority) in which decided organic change has resulted.

Admitting that we are in accord in the general classification and pathology of chronic endometritis, what results must we accomplish in order to restore a healthy mucous lining and relieve the disturbed muscular wall ? We must establish free drainage, remove the atrophied or hypertrophied mucous membrane and stimulate the lymphatics.

In the older method of treatment by escharotics, as pencils of chloride of zinc or nitrate of silver, all the tissues were destroyed and replaced by cicatricial tissue, leaving the patient worse than before.

The very common treatment by intra-uterine applications of tincture of iodine will rarely accomplish the three conditions necessary, namely, drainage, absorption and repair. There is little danger of harm, and apparent improvement is disappointing when the patient ceases treatment.

Impressed by Apostoli's enthusiasm, as seen in his clinics in the Rue du Jour, I felt that electricity would relieve the profession from the disappointments in the treatment of chronic endometritis. In my experience, it has not done so.

The surgical treatment of this condition means an operation; it means going to bed, taking an anæsthetic. It requires a certain preparation of the mind of both physician and patient to accept the idea that a few days in bed with a slight operation and an almost certain promise of cure, is better than

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months of office treatments and the probability of having to resort to operative measures finally. If the operation is properly performed, and every practitioner should be prepared to perform it properly, there is very little danger in it. The instrumentation is simple. A volsellum forceps, Sims speculum, dilating sounds or a Goodell dilator, a sharp curette with canal through it for irrigation, a fountain syringe and a rubber sheet or table pad; also a pair of dressing forceps to introduce packing, iodoform gauze or antiseptic candle wicking.

The patient should not be suffering from any active or acute pelvic inflammation, the bowels should be properly cleared and she should be given an antiseptic douche. She should not be on her feet on the day of the operation. The patient, anæsthetized, should be placed on her back with the hips near the end of the table, the legs fixed upon the abdomen and held by a crutch or by assistants. It is better to shave the pubes and labia, then irrigate the vagina again. Now, with the hands thoroughly prepared, introduce the speculum, draw down the uterus with the volsellum, by which it may be held, or a silk thread passed through the anterior wall, another through the posterior wall, after which the forceps may be removed and the uterus perfectly controlled by the silk cords. The latter is Pratt's method and is more convenient than the forceps. The next step is to gradually dilate the cervical canal by gently passing the graduated sounds or using the dilator by an intermittent pressure. Then use the curette with irrigation. If the walls are soft and flabby, move gently and cautiously lest you perforate the uterine wall. If the wall is dense and hard, more force will be necessary, but at most this is not great, and the curette should be held as one would hold a pen or pencil. Scrape over the whole lining of the uterus. In the atrophic form little or no debris will be seen, but in the hypertrophic form quantities of soft granulations will be washed out by the irrigation. When this process is complete, introduce some of

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the gauze to dry the cavity of the uterus; remove this, and gently, carefully and thoroughly pack the cavity with a continuous strip of the gauze or wicking, allowing it to project from the external os, to facilitate removal. Remove the volsellum or "guy ropes," press the uterus up into position and place under it a tampon of gauze or wool saturated with boroglyceride, empty the bladder, and the operation is completed. There should be little pain, no temperature, and the packing may be left as many as eight days unless there is fever or offensive discharge from the vagina. It may be necessary to use the catheter for the first day or two. In my own experience it has not been necessary to introduce any gauze for drainage after removing the first packing.

This process fulfills the three conditions—dilatation and packing give and maintain free drainage, curetting removes diseased tissue and stimulates the lymphatics, the packing stimulates absorption and repair. The healthy mucous membrane is thought to be restored in eight weeks.

Should there be symptoms of septic poisoning as indicated by chill and fever with sensitiveness over the uterus, at once remove the packing and irrigate the uterine cavity with a saturated solution of boracic acid or a one to four thousand bichloride solution. After these symptoms have subsided, introduce a slight packing for drainage.

The patient is usually up by the end of a week, but two weeks in bed would result in a more speedy cure, in my judgment. The diet need not be greatly restricted. The bowels should move on the third day, and at least every second day until the patient is out of bed. I prefer to use the plain enema for this purpose.

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RUPTURE OF THE UTERUS COMPLICATING PARTURITION.

E. D. BROOKS, M. D., FLUSHING.

While uterine rupture, or laceration of the uterine body, is confessedly one of the gravest accidents that can occur to the woman in labor, it is so infrequent in occurrence, or so seldom recognized, or medical men are so reluctant to speak of it, that the writer has yet to see the first article regarding it in a medical journal, or hear the subject discussed in a medical society; and it is with the hope of bringing about such discussion that this article is presented.

Most of the recorded cases have come from hospital practice, with a small addition from the private practice of eminent specialists, and, as only a small fraction of obstetrical cases come under the notice of hospital attendants and specialists, evidently many, perhaps hundreds of cases occur which never go beyond the ken of the solitary, busy man, humbly doing his best to save his patient's life, and who, lacking the light thrown upon obscure cases by autopsies, wonders why, in spite of his best efforts, his patient died of post-partum hæmorrhage or septicæmia.

Among pre-disposing causes are: A narrowing of the bony pelvis sufficiently to preclude the possibility of the passage of the fœtus, thinning of the uterine muscle in some portion by previous disease or operation, hydrocephalus or ascites of the fœtus, shoulder or trunk presentation, furnishing a solid obstacle to the efforts of the uterus to expel its contents; in short, any condition of the maternal or fœtal parts that renders unavailing the expulsive efforts of the uterus.

As exciting causes may be considered: Administration of ergot during the first stage of labor, neglect or inability of the attendant to correct the mal-presentation or reduce the abnormal size of the fœtus sufficiently to allow of its passage, or

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to increase the size of the bony outlet by symphyseotomy, introducing the hand for purpose of version into an already over-distended lower portion of the uterus, especially during a contraction, pedalic version in a closely and firmly retracted uterus, and forcible traction in the attempt to deliver through an undilated and undilatable os.

It seems to me incredible that any one should make so unskillful use of the obstetrical forceps or cephalotribe as to puncture the uterine walls, nor is any instance cited of such an occurrence by any of the authors who class such a seeming impossibility among the exciting causes.

One would expect that so formidable an accident would be accompanied by unmistakable diagnostic symptoms, but such is far from the fact; in truth, the greater number of cases remain undiagnosed until the autopsy reveals to the astonished physician the true cause of death. In a typical case the obstruction to the progress of labor, despite the powerful contractions, accompanied by anxiety and restlessness in the patient, then, during a strong contraction, the sudden outcry, the recession of the presenting part, the passing of a part or the whole of the fœtus into the peritoneal cavity, and the entire cessation of contractions, accompanied or immediately followed by deathly pallor, nausea and vomiting, sinking strength, cold perspiration and rapidly failing pulse, with anguish and collapse written on every feature, leaves no room for doubt as to the cause, and presents a picture sufficiently appalling to strike terror to the heart of the attendant and burn the memory of it into his very soul. But typical cases are the exception and not the rule, though there will usually be the premonitory signs, the outcry during a pain, with a sensation as if something had given way, with hæmorrhage more or less profuse, either external, or, in case the fœtus is wedged in the bony pelvis, into the abdominal cavity, with more or less of the signs of shock and collapse.

Of course, each case will have to be treated upon its indi-

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vidual merits, but there are some general principles that it will be safe to follow. First and most important is prophylaxis. He who is wise and discerning and familiar with the premonitory symptoms, will avert the disaster by promptly emptying the uterus of its contents, employing craniotomy, embryotomy, version, symphyseotomy or Cæsarian section, whichever, in his judgment, best fills the indications. Version, however, is seldom indicated, as the introduction of the hand for that purpose, or the act of version itself, might precipitate what we are most anxious to avoid. Likewise, symphyseotomy and Cæsarian section will seldom be indicated, both on account of the length of time consumed in preparation and execution, and from the gravity of the operations, and the skill required to make them successful in saving both mother and child; and of course, neither operation would be thought of if a hydrocephalic or dropsical fœtus obstructed labor, or if the fœtus were already dead. So, saving under exceptional conditions, the reduction of the presenting part, and instant delivery of the fœtus is all that is required in the way of preventive treatment.

Likewise, after the accident has occurred, the first consideration is the removal of the fœtus by the same means that have been recommended in preventive treatment, with the important difference that no attempt need be made to not sacrifice the child, for it is agreed that it dies at once, following the laceration, if it were not already dead. Since the only safety to the mother lies in emptying the uterus, no time should be lost in delivering by the readiest means consistent with preserving the integrity of the maternal tissues. In case laparotomy is performed, if the uterus contracts firmly, it may be left in place, with or without the introduction of sutures to insure the wound remaining closed. Lacking contractions, it may, perhaps should be, removed with its appendages.

The rate of mortality is frightful, about 95 per cent. dying in spite of treatment where rupture has occurred.

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LACERATION OF THE PERINÆUM.

A. F. RANDALL, M. D., PORT HURON.

I wish to submit for the consideration of my brethren of the State society to-day, the subject of Laceration of the Perinæum: When and in what manner should it be repaired? I answer that if it be desirable to insure a repair, *cito, tuto et jucunde* as we are supposed to cure diseased conditions, it should be done immediately, to save the patient extra expense and needless lying in bed.

On the other hand, it would seem that a delay until the structures have undergone the usual involution, and there is an absence of infecting discharges, with time to bring to our aid skilled assistance, would insure the best results. But having seen failure in the hospital where all that is needed was available, and for the reasons aforesaid, I am in favor of the immediate operation.

Still, having met with failures, I consider it a vexed question and desire that my colleagues of this society should vex it still more.

Questions needing further elucidation are: What kind of operation, and what kind of sutures give best results? Should the bowels be confined? And should the urine be drawn with the catheter?

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COMPLICATIONS MOST OFTEN ARISING IN OBSTETRICS AND GYNÆCOLOGY.

N. B. SHERMAN, M. D., KALAMAZOO.

Any person who has intelligently practiced obstetrics and gynæcology must have had the conviction forced upon him that there is either a great preponderance of amateur obstetricians or obstetricians to whom the word experience means simply times without number.

Taking into account the objective symptoms and the history of gynæcological patients, and excluding such results as arise from faulty environments, or from the ignorance or remissness of the patient, I believe that of all lesions arising from obstetrical causes, relaxed and torn perineums are the most frequent, and that this excess is the result of the unnecessary use and mismanagement of forceps.

In many localities the use of forceps, like operations for appendicitis, has become a fad, for which the doctor is not altogether responsible. Many women whose attention is self-centred, are averse to being surpassed, even in physical distress, and the glamour of instrumental palliation attracts more than it frightens. Like a footman in livery, it seems to lend distinction, and exclusiveness is more catching than measles. So chloroform and forceps become leading qualifications in the selection of an accoucheur.

But this does not accord with our best standard and scarcely exonerates a physician from establishing false precedents.

It is not a gracious thing to say that which implies such general censure, nor does it make it more gracious because it covers a field which we may hope is less than proportionately homœopathic. Certainly it should be less, with the available wealth of our Materia Medica—though the temptation be great—and drug differentiation uncalled for, by turning to

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the obstetric bag for the remedy, which the agonized clamor of the patient seems to indicate.

The result for weal or woe, early or late, is what the patient eventually becomes most interested in. But to the schools, to the profession, all factors which produce unfavorable results ought to be of vital interest at all times.

If they are unfavorable because of imperfect anatomical training, or of a vague conception of pelvic planes or curve, and the ten or twenty final examination questions do not determine a lack so important, the remedy will suggest itself to instructors. Judging from the gynæcological harvest, the application of forceps would seem to have been the one thing mastered; afterward strength and haste have been the factors of waste. The straight pull and the long pull have done the work, while the delicate pelvic organs and fascia have been regarded merely as the *piece de resistance.*

The rarer skill shown in the deliberation which, except in cases of extreme inertia, makes traction only during a pain, which duly regards the pelvic curve, which does not forget that in the pelvic, the most frequent mode of application, the head is held over the occipitofrontal or oblique diameter, and if rotation is performed the blades must be carried into such a position as will alone, by their added and unyielding bulk, endanger the perineum if not removed just before the head leaves the vulva.

From elicited history in cases of the so-called relaxed perineum resulting from sub-mucous tears or solution of continuity of muscular fibres, of partial or complete disruption of levator ani on one or both sides, the causes have seemed to be about equally divided between severe and prolonged pressure from the fœtal head, for which a premature rupture of the membranes seemed oftenest responsible, and the sudden expulsion of the head, or its sudden dragging by the forceps, which amounts to the same thing, before a gradual stretching of the outlet had obtained.

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Forceps, no doubt, facilitate delivery when progress is arrested by mal position of head, at brim or in pelvis; forceps, no doubt, stimulate and supply uterine action, although homœopathic remedies seldom fail to preclude this necessity.

Forceps have saved the mother, many times, from the evil consequences of a labor too prolonged, but to anticipate such a need unduly subjects her to an equal life-long martyrdom. It would make an invaluable record did the law require the registration of births and of instrumental deliveries.

In this presence it may seem invidious to recommend or refer to old methods, so commonly accepted theoretically, but my observation has led me to conclude that theory is frequently ignored in practice—that the use of the designedly beneficial obstetrical forceps is too generally abused. If there be any foundation in fact for my belief, it is a matter greatly to be deprecated. If the conditions are, in a degree, local, as I have intimated, an authoritative expression might be corrective.

I am well aware that a wide difference of opinion exists on this question, and it is but fair to say that every physician unquestionably designs to do the beneficent thing, which, fortunately or unfortunately, must ever remain a matter of individual judgment.

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VAGINAL HYSTERECTOMY BY THE "NEW" OR PRATT METHOD.

A. B. GRANT, M. D.,

"The operation for the removal of the uterus through the vaginal roof was first performed by Langenbeck in 1813. In 1822 Sauter, of Zurich, performed the same operation, Blundell following in 1828, and Recamier and Delpech in 1830. After this date the operation seems to have been abandoned for the abdominal method until revived by Prof. Czerney, of Heidelberg, in 1879, who was speedily followed by Schroeder, Olshausen, Martin, Billroth, Fritch and other foreign and American surgeons."

Vaginal hystorectomy by the "new method" was born about three years ago and arrived at full maturity about two years later. It consists in removing the uterus, tubes and ovaries without clamp, ligature or cautery. Its debut to the medical and surgical profession was made at Lincoln Park sanitarium, Chicago, March 1, 1893. And its author, as you doubtless all know, is Prof. E. H. Pratt, of Chicago, a surgeon of national fame, a scholarly gentleman and a man of your own faith and practice. The case reported by Dr. Pratt is as follows: Mrs. T., aged 60, admitted March 1, 1893; a case of insanity of over a year's standing; had to be restrained from violence; perfectly unreasonable and unmanageable without continual restraint. Under an anæsthetic an examination was made, and she was found to be suffering with procidentia and carcinomitous uterus, the outer surface of the uterus being completely covered with small cancerous growths, varying from the size of a pea to a large hickory nut. The result of the operation was the complete and immediate relief from her insane condition. The temperature during the first night was 98 and 6-10 and the pulse 73. On the next morning her temperature was 100 and 1-10 and her

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pulse 100; on the afternoon and evening of the second day her pulse was 102 and her temperature 102; on the morning of the third day her pulse was 102 but her temperature dropped to 99 and 4-10, after which the pulse and temperature gradually subsided until on the morning of the fifth day her temperature was 98 and 8-10 and her pulse 92. Subsequently her temperature fluctuated between 98 and 1-2 and 101 and 2-10, according to the condition of her bowels, until the tenth day, after which her pulse and temperature became normal. The wound healed by first intention. She made a satisfactory and rapid convalescence.

In this operation there was not even a tablespoonful of blood drawn, and the artery forceps were used only once; a small artery on the left side, owing to carelessness in the dissection, was wounded, and required the application of a catgut ligature. This was not difficult, as the process of dissection permitted the eversion of the parts sufficiently to bring them well into view. She was discharged April 8.

Its indications thus far known seem to be in cancer, chronic disease of the tubes and ovaries, procidentia, reflective epilepsy, asthma, neurosthenia and climacteric insanity. Time may call into line a longer list of maladies for which this operation is indicated. My cases thus far have been confined to epitheleoma and scirrhus of the uterus and tubal disease or salpingitis. Dr. Pratt's list, I believe, covers all I have named, or nearly so, with a mortality of only about 2 per cent.

The technique of this operation is very simple, yet before undertaking it I would suggest that the operator assume the role of assistant in several cases in order to become familiar with the details of the work and the use of the instruments. These comprise the hysterectomy knife, of which Dr. Pratt has devised a sharp and probe-pointed with short and long handles resembling a pruning hook with the cutting edge on the concave surface. Dr. Cole, of Michigan City, has also de-

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vised a pattern which combines both knife and spud in one instrument, and is called Cole's dissector. It is strong, convenient and durable. Sim's speculum with wide blade, vulsellum, one pair each of long straight scissors and short curved on the flat, one spud; two or three sharp-pointed hooks are handy, though not essential; two long-handled T forceps for catching the peritoneum, and two or three hæmostatic forceps near at hand in case they are needed. These together with needles, needle-holder, catgut, cotton, gauze, etc., comprise about all the necessary outfit.

The patient being anæsthetized and placed upon the table in the lithotomy position, the uterus is grasped with the vulsellum or double tenaculum, drawn down and guy ropes of strong silk inserted into the anterior and posterior lips, which gives the operator easy control of the organ. It is then dilated with graduated steel sounds up to Nos. 20 or 23, and packed with antiseptic gause or candle wicking, which answers a very good purpose in case the operator should carry his dissections into the cavity of the uterus, telling him that he is not exploring the bladder or other unfamiliar anatomical region. Should this happen, however, as is likely to in a thin-walled uterus, it will be no discredit to the skill of the surgeon, but rather commend his caution by keeping away as far as possible from the large blood streams. But as a rule, there will no difficulty in discriminating between the uterine and areolar tissue surrounding it, and the body of the uterus need not be wounded in the dissection. The next step in the operation is a circular incision around the cervix one-half inch from the os, or sufficient distance to clear the diseased tissue, pushing the tissues back with the spud and severing the fibrous bands with either hysterectomy knife or spud, always hugging the uterus as closely as possible until the peritoneum is brought into view, which is nicked with the scissors and divided back to the broad ligaments on either side. The T forceps are now used to catch this membrane, and held by

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an assistant, while the operator undertakes to completely antevert the uterus by the assistance of vulsellum or the sharp-pointed hooks through the vaginal opening. Beginning at the superior angles of the uterus, the broad ligaments are separated with the scissors from above downward. This method, I think, expedites the work where it can be done. Where the adhesions are extensive, this is not always practicable, when the dissection must be carried from below upward. The tubes and ovaries are next brought into the field and with the curved scissor quickly removed from their attachments, always observing the same rule as in separating the broad ligaments, viz.: keep close to the ovaries and you will not encounter any degree of hæmorrhage. The severed edges of the peritoneum are now brought together and united by a continued catgut suture, the object of this being to leave an intestinal floor to ensure against hernial protrusion. The broad ligaments are next coapted in the same manner, and a silk plug composed of absorbent cotton covered with sterilized China silk saturated with distilled extract of witch-hazel and dusted with iodoform and inserted into the vaginal opening, and the vagina packed with iodoform gauze. The dressing may be removed in 24 or 36 hours, and redressed with iodoform gauze daily for five or six days, when the vaginal douche of borated, carbolated or bromine water should be used once or twice daily till convalescence.

The advantages claimed from this operation over old and established methods are, first, the avoidance of shock from nerve pinching by clamp or ligature; second, quicker reparative process because the nutrition is not disturbed by cutting off the blood supply, and third, the saving of time, Dr. Pratt having made the operation in eight minutes. As a rule, it requires from one-half to one and one-quarter hours to complete the toilet of this operation.

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CAULOPHYLLUM THALICTROIDES.

J. S. AYRES, M. D., KALAMAZOO.

In introducing this remedy to your notice, I wish to call attention to but one or two ailments in which it may be found of special value.

Its influence upon the uterus, through the hypogastric plexus, and especially upon the partrurient uterus, is very decided, both before and after delivery.

When there is morbid increase of sensibility or irritability, its power of regulating muscular contractions is remarkable, as well as its influence in dysmenorrhœa, which is very remarkable.

Caulophyllum is also capable of producing characteristic rheumatoid affections, especially of the small muscles and joints.

1st. As to its influence upon the female reproductive organs.

It has been found useful in menstrual irregularities, where there is evidence of periods of congestion of the uterus, with tension, fullness and heaviness in the hypogastric region, drawing in the uterine ligaments, menses a few days too soon, with pains that simulate cramp, like labor pains. Spasmodic bearing-down pains with scanty flow, also when there is sympathetic cramp of surrounding organs, as the bladder and the rectum, and when there is great lack of nervous tone of the uterus and appendages. In suppression, when accompanied with its characteristic spasmodic pains. In dysmenorrhœa it should be ranked with the most successful remedies. It should be given once or twice a day during the inter-menstrual period, and during the attack, once in half an hour or hour. It is especially beneficial at the nisus subsequent to and following an abortion. In threatened abortion, when the pains are spasmodic, it has no superior.

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February 5th, last, was called to see a delicate young primipara at six and a half months, with labial abcess, cramp pains in back and uterus, pressing down and free discharge of bloody mucus, restless, feverish and much distressed. Abcess, when opened, discharged a quantity of fœted pus. Gave a few doses of bell., to be followed by caulophyllin. Caul. to be continued until the pain was relieved, which was accomplished in two or three hours. A week later was about the house, and soon was out about the farm watching her husband at his work; and continued in, for her, unusually good health up to full term, when she was delivered without accident of a healthy girl.

Dr. R. Ludlam is reported as saying that there is abundant evidence that it will produce abortion in the latter months of pregnancy, and that it has no superior in threatened abortion.

During labor, where there is an unyielding os and rigidity of the soft parts, caul., with drop doses of lobelia or gelsemium, alternated once in twenty minutes, will soon produce a proper condition of the parts, and if there is exhaustion will render the pains stronger, regular and progressive, and in those lingering cases, with slow, irregular pains, it has, in many cases, been found of very great service.

In suppression of the lochia, with appearances of inflammation, as pain, cramps, distension, tenderness, caul., aided by fomentations as warm as can be borne, and in some cases the hot douche, will restore the discharge and relieve the patient.

In profuse or long-continued lochia after parturition, from atony of the uterus, it is often curative.

2d. In certain forms of rheumatism it has proven of decided benefit.

It has been of most value in rheumatism of the hands and feet, especially where the small joints are the parts involved, as in the following case: Mrs. B., aet. 62, a thin, delicate woman, of impaired constitution from surgical operations under the old regime and severe sickness, taken with rheumatic

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fever the latter part of March. When first seen temperature was 103°, pulse 130. Gastric irritation, with secretion of tenacious mucus, and burning of stomach, extending to pharynx and tongue.

A few days later there appeared a rheumatic inflammation of the tarsal and metatarsal joints of the left extremity; two days later there was an attack of the left, and soon the right knee, and later the carpal and metacarpal joints, in the same order, the left and then the right. The usual remedies failing, caulophyllum was given. A rapid amelioration followed, and in a few days entire relief from the inflammatory symptoms, and finally full recovery.

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PROVINGS OF ARSENICUM IN CYCLOPÆDIA OF DRUG PATHOGENESY.

C. S. MACK, M. D., ANN ARBOR.

This study of arsenic has brought to light no new fact. I have not found any fact of pathogenesy that was not previously known to me, and that has not long been known to each of us; but it has confirmed by belief in much of the records we already have regarding arsenic as a medicine, and I shall not refrain from saying, in passing, that in the field of pathogenesy *only* can we verify the indications from homœopathic treatment. We not infrequently see reported "verifications," as they are called, drawn entirely from the field of practice. A drug is given on such and such an indication, and a favorable result in the case is reported as a verification of that indication for the drug. Constantine Hering, in the preface to his "Condensed Materia Medica," says: "Clinical experience only can verify symptoms obtained through provings." Verification of the indication for empirical practice it *is*, but verification of the indication for a homœopathic prescription it is *not*, in my opinion. I think that only in the field of pathogenesy can we verify the indication for a homœopathic remedy. I say, then, that by this study of the provings of arsenic in the "Cyclopædia of Drug Pathogenesy" I have had confirmed my belief in many generally accepted indications for the drug as homœopathic, and I shall now speak in a somewhat general way of these indications.

That the arsenic patient is apt to be nervous and irritable has long been recognized, and this indication I find verified by the provings we are studying. The headache seems most likely to be temporal or frontal, and is sometimes of a throbbing nature, and the head may feel full and hot. In two instances only, I think, did these provers seem to associate headache with any disturbance of the gastro-intestinal tract.

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Frontal pain from arsenic seems often a neuralgia, perhaps of the supra-orbital nerve or its branches, neuralgia-like pains in various localities being caused by the drug. A sensitiveness or soreness of the scalp has heretofore been taken as an indication for arsenic, and was experienced by several of these cyclopædia provers.

Several face affections from arsenic seem allied to some we have just mentioned of the head. Neuralgias occur in the face—infra-orbital neuralgias or neuralgias in the lower jaw. We said that there might be a heat and fullness and throbbing of the head; there may be heat and redness of the face. In the face there not only may be a congestion of the skin, but there may be an eruption, either milliary or papular; pimples, too, are recorded, and in one instance a boil on the chin. This same prover speaks of a boil "on the tuberosity of ischium." Swelling of the face is mentioned, and very often swelling of the orbital or supra-orbital region. The swelling of orbital region is something different, I take it, from the well-known œdema of the eyelids which large doses of arsenic may cause, for I think that of all these provers, no one(?) specifies the eyelids as the part œdematous.

As to the eyelids and the eyes, there is an agglutination of the lids in the morning. (Four provers: 16, 23*c*, 24*b*, 25*c*.) *Apropos* of this symptom, I should like to say in passing that digitalis has seemed to me reliably reported as causing inflammation of the meibomian glands, with agglutination of the lids. The symptom is put down by Hering, Cowperthwaite, and, perhaps, more or less generally in the materia medica puræ. It has seemed to me a reliable symptom, and if digitalis has not been largely tried on that indication, I think it might repay a trial. Several(?) provers speak of "stiffness" of eyelids, and one(?) speaks as if it were difficult to move them.

The eye effects recorded by these provers are such as are commonly observed in chronic arsenical poisoning; the eyes

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are red, sensitive and hot, burning or smarting as if from smoke in the eyes; a feeling as if sand were in eyes, a pricking or itching sensation in the eyes—photobia—are symptoms which occur. They are aggravated by pressure or by using the eyes The eyes water readily. The redness of the eyes is usually attributed to congestion of conjunctiva. One prover (25*c*) says the palpebral conjunctiva was quite red and thickened; another (26*b*) that the lower lids were distinctly granular in appearance. One who has thought that the eye symptoms from arsenical wall papers are due to local irritation may, in these provings, find reason to change his opinion. One prover (21*d*) reports "conjunctiva slightly reddened and jaundiced;" another (26*b*) reports "sclerotic slightly yellowish." Whether these are instances of such jaundice as may be set up by serious poisoning with arsenic, mercury, copper or perhaps any heavy metal, may be questioned.

These records, of course, mention very many effects as observed in the alimentary tract, but none of these seem to me to markedly distinguish arsenic from some other drugs. Three (3*a*, 8*c*, 27) or more of these provers speak of toothache; two (6, 11*a*) or more describe a gingivitis, and various ones (11*a*, 21*c*, 22*b*, 24*b*, 25*a*, 25*b*, 25*c*) describe the tongue as coated white, whitish yellow or yellow; one speaks of a whitish coating down the middle of the tongue with the edges of the tongue clean; another describes the tongue as large, moist, flabby and fissured; it is once described as red, corrugated and furred, with papillæ at the back elevated.

The soft palate and uvula, or the pillars of the fauces, or the tonsils and the walls of the pharynx, are quite frequently effected by arsenic. The parts may be reddened, swollen and sore; they are sometimes dry, and may have a glassy look (25*c*), and sometimes they are covered with a thick, tenacious mucous which gives rise to a great deal of hawking. The mucous may be so tenacious and thick that only with difficulty can one dislodge it by hawking. This violent hawking would

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bring on gagging in one prover (25*c*). The throat may feel rough or sore. One speaks of aptha at base of each pillar of fauces. Often with these conditions, swallowing is painful, though it is occasionally stated (*e. g.* 26*b*) that swallowing is not painful. One prover (25*c*) says that there is pain in the throat on empty deglutition, but no soreness on swallowing food or drink. Sometimes the amount of saliva seems diminished, but there may be some salivation. Bitter taste or metalic taste in mouth are mentioned.

Much thirst is mentioned by the provers; but I think that only one of them (21*c*) specifies that the thrist is for little water at a time, but often repeated. One prover (15) speaks of a feverish heat in connection with the thirst. Sometimes the provers loose; sometimes they have an increased appetite. A feeling of weight in the stomach, or, after eating, a feeling of uncomfortable fullness in stomach occurs, which may be relieved by the passage of flatus. Stomach-ache or some pain in the stomach may occur, or a sensitiveness to pressure in the epigastrium. Heart-burn or pyrosis is mentioned. I do not discover in these provers anything characteristic about the nausea and vomiting of arsenic. One speaks of bilious vomiting; another of vomiting a large quantity of sour water. A feeling of sinking at the epigastrium is mentioned. Nor does anything appear in these records to characterize the intestinal symptoms of arsenic. A flatulent distension of stomach and abdomen with pains, which pains disappear on the passage of flatus, should, perhaps, be named.

The kinds of coryza which, according to these provings, may call for arsenic as homœopathic, are quite clear cut. One kind is a coryza with sneezing and a good deal of swelling of the mucous membrane of the nasal cavity; so much swelling that, though the discharge is very thin and watery, the passage of the air through nasal cavities is, to a large extent, interfered with. The coryza may be thus watery through the day, but dry at night. Another kind of coryza is one in

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which hard crusts form in the nose. When these are removed some bleeding is apt to follow.

The larynx is mentioned, I think, by only two of these provers. A dryness of the larynx, causing a feeling of roughness and a disposition to hem, with dry spasmodic cough; also thick mucus in larynx dislodged only with difficulty; also a huskiness of voice, are mentioned.

There is a dry, sometimes hacking, cough, with oppression of the chest; two provers speak of a sensation as if smoke had been inhaled. An isolated symptom to which some present may attach importance, and some no importance, reads: "Quite an increased flow of urine during day, which seems to have relieved chest; cough is less troublesome, but voice is husky" (24*b*). This prover had repeatedly mentioned cough.

I omit to speak here of character of respiration and of sensations in chest wall.

Of effects on circulating system I say here nothing further than that very many provers noted an increase in the frequency of the pulse, and there is mention of its being irregular; one prover (25*a*) speaks of it as intermittent. Only four provers mentioned effects in sexual system. They are, perhaps, unimportant.

The only thing noted by any considerable number in urinary system is slight diuretic action.

A hot and dry and burning skin, miliary, papular or vesicular eruptions are among skin effections recorded. One or two speak of a squamous eruption. Tingling, pricking and itching are mentioned.

The pains experienced by these provers seemed to be often neuralgia-like. Besides those already mentioned of the head and face, neuralgia-like pains in the extremities are repeatedly mentioned, and the ulnar, crural and sciatic nerves are specified as the seat of such pain. Repeatedly, too, pains are spoken of as rheumatoid. Sometimes the pains seem re-

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ferable to muscles, *e. g.*, the pains in the lumbar region and in the calves of the legs. Such pains may be dull and aching. One prover (26*a*) speaks of a soreness of the extensor muscles of the thigh; another (27) speaks of soreness and stiffness of the neck. The joint pains are, perhaps, more often in the smaller joints, as those of the fingers.

We shall not here attempt to describe any effects on the temperature or upon sleep.

The nervousness and restlessness recorded by these provers have already been mentioned. The feeling of exhaustion, prostration and lassitude, with indisposition to mental or bodily exertion, so largely associated with arsenic in practice, was recorded by many of these provers.

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